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ABSTRACT

This monograph contains papers from the Switzer Seminar on issues regarding the problems of aging, disabilities, and rehabilitation. It is intended for use by rehabilitation counselors, psychologists, gerontologists, researchers, administrators, consumers, legislators, and others interested in providing better services to Americans growing older. Five action papers are provided as chapters. They are "The State of the Art--An Overview of the World of Work" (Bernard Nash); "The Aging Work Force and the Politics of Incapacity" (Kenneth Mitchell); "Challenges for the Older Worker in the Rehabilitation Process" (Jane Myers); "Aging and Employment: Guides for the Rehabilitation Counselor and Employer" (S. Mae Smith); and "Options for Equality of Services for the Older Worker with a Disability" (Ellen Sax, Neal Baumann). Each chapter, where appropriate, includes excerpts of reviews and comments about the chapter and a summary of recommendations for action in the areas of policy and program development, service delivery, research, training, and legislation. Two special invited papers are found immediately following the chapters: "The Need for Rehabilitation Services among Older Workers" (Edward Hester) and "Age Bias--A 'New Wrinkle' for Rehabilitation" (William Powaser). (YLB)

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The Aging Workforce: Implications For Rehabilitation

A Report of the Eleventh Mary E. Switzer Memorial Seminar
May, 1987

Published by
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Editors: Leonard G. Perlman and Gary F. Austin

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A Memorial Tribute
To Mary E. Switzer

1900 - 1971

Few people realize that she had a satisfying and fully successful career in federal government employment that spanned several decades prior to her formal entry into the field of rehabilitation. She was fifty years old when she became director of the Office of Vocational Rehabilitation in 1950, and she brought to the position a superior intellect and ability. Her many talents and experiences in economics, the legislative process, government administration, health, welfare and public education were only a few of the composite assets brought with her. She entered the movement at a crucial point in its evolution. It was a time in which difficult decisions had to be made between maintaining the status quo or moving to a larger and unknown future but with increased opportunity to serve tens of thousands of disabled persons yet in need.

Following a life pattern in support of increased services to people and a more responsive and humanitarian government to changing human needs, she readily committed herself to the less certain but more hopefully expanded future for rehabilitation. The rest is history. The breadth and humanity of Mary Switzer are stamped forever in the passage of Public Law 565 with its research and demonstration features, its concern for rehabilitation education, its mandate to construct necessary rehabilitation facilities, its totally new characteristic of international efforts and cooperation regarding rehabilitation, and perhaps, above all, in its expanded funding base for more personnel and programs for those in need of rehabilitation services. In the years that followed, she went on to even greater legislative and governmental leadership heights in behalf of both disabled and disadvantaged people.

(continued on back inside cover)

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Table of Contents

Eleventh Mary E. Switzer Seminar
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GENERAL INFORMATION

Memorial Tribute to Mary E. Switzer, 1900-1971 ..... **Inside front and back covers**
Introduction **2**
Acknowledgements **3**
Switzer Scholars **4**
Sponsors of the Eleventh Switzer Memorial Seminar & Monograph **6**
Scholarly Observations of the Seminar **7**
1987 NRA Officers and Board of Directors **79**
Master List of Switzer Scholars **80**
1986 Switzer Memorial Fund Planning Committee **82**
The Co-Editors **82**
Special Monograph Offer **83**

THE SWITZER PAPERS

Chapter One: The State of the Art -- An Overview of the World of Work **9**
By Bernard E. Nash

Chapter Two: The Aging Work Force & The Politics of Incapacity **17**
By Kenneth Mitchell

Chapter Three: Challenges for the Older Worker in the Rehabilitation Process **31**
By Jane E. Myers

Chapter Four: Aging and Employment: Guides for the Rehabilitation Counselor and Employer **41**
By S. Mae Smith

Chapter Five: Options for Equality of Services for the Older Worker with a Disability **61**
By Ellen B. Sax and Neal J. Baumann

SPECIAL PAPERS

1. The Need for Rehabilitation Services Among Older Workers **71**
By Edward J. Hester

2. Age Bias -- A "New Wrinkle" for Rehabilitation **75**
By William H. Powaser

Introduction

The Mary E. Switzer Memorial Committee was established in 1973 by the National Rehabilitation Association as a living memorial to Mary E. Switzer. This tribute was spearheaded by her colleagues and friends with the objective that each year a major topic of interest in the rehabilitation of disabled persons would be explored in depth by a small number of experts in the topic under study. Those selected would be designated as Mary E. Switzer Scholars by certificate.

The Eleventh Mary E. Switzer Memorial Seminar was entitled, "The Aging Workforce: Implications for Rehabilitation." The focus of the three-day seminar was on a very timely topic as Americans are living longer and the number of persons over 60 is reaching record proportions when compared to younger citizens.

The Switzer Seminar brought together 20 persons from a variety of disciplines and backgrounds as well as consumers to discuss in detail a variety of pressing issues as it concerned the problems of aging, disability and rehabilitation.

The Seminar was held in Washington, D.C. on Octorer 7-8-9, 1986, and was hosted by the American Association for Retired Persons (AARP), and sponsored by the National Rehabilitation Association (NRA), Human Resources Center, Albertson, N.Y., National Association of Rehabilitation Secretaries (NARS), National Rehabilitation Counseling Association (NRCA), Job Placement Division (JPD), and the President's Committee on Employment of the Handicapped (PCEH). Our sincere thanks goes to the above for their generosity and help in keeping the Switzer Memorial Seminar alive.

The Scholars were welcomed by Cyril Brickfield, Executive Director of AARP, Joan T. Barker, then President-Elect of NRA, Jean K. Elder, Assistant Secretary-Designate for Human Development Services, Department of Health and Human Services, and Thomas J. Fleming, Special Assistant to Virginia Knauer, U.S. Office of Consumer Affairs. Dr. Gary F. Austin chaired the seminar which was coordinated by Dr. Leonard G. Perlman.

Format of the Monograph

Five Action Papers were written for the Seminar and served as a basis for the discussions. They are provided in the report as chapters. In addition, two special invited papers are found immediately following the chapters. Each chapter, where appropriate, includes a section on excerpts of reviews and comments about the chapter and a summary of recommendations for action in the areas of policy and program development, service delivery, research, training and legislation. This is listed in an easy-to-use style.

It should be noted that many feelings, ideas and recommendations that emerged from the Eleventh Mary E. Switzer Memorial Seminar are found in this monograph. We do not expect everyone to agree with all of the contents, but hope that they will stimulate thought and action in the areas of Aging and Rehabilitation. The Switzer Scholars represented a broad cross-section of experiences and training and came from a variety of professional settings and sections of the nation. As such, the discussion was spirited, exciting and diverse in terms of expressed desires and issues that needed immediate attention.

It is the hope of the Switzer Memorial Committee that the contents of this monograph will stimulate interest and action in behalf of those persons who need a broad range of services, sensitivities and commitment to insure their full citizenship and independence as Americans grow older.

Opening Remarks

Switzer Scholars Malcolm H. Morrison provided the following statement, which seemed to start the discussion for this Seminar as it concerned "Structural issues in employment of older persons: the interaction between health and retirement."

The physician who makes a determination about impairment must keep in mind that a permanent impairment rating is not the same as a disability rating. Permanent medical impairment is related directly to the health status of the individual, where as disability can be determined only within the context of the personal, social or occupational demands or statutory or regulatory requirements that the individual is unable to meet as a result of the impairment. ...In general, it is not possible for a physician , using medical information alone, to make reliable predictions about the ability of an individual to perform tasks or to meet functional demands."

Guides to the Evaluation of Permanent Impairment, 2nd Edition, American Medical Association

It is now widely recognized that disability prevalence rates have been growing for over 20 years, and that older persons have higher rates of work disability. It is also known that declining health at older age is asssociated with the decision to retire, and that public and private sector disability insurance and pension programs are increasingly us-

ed by the older population. A number of recent analyses have been exploring the complex relationships between age, health and labor force participation, but these studies have not yet produced a clear explanation of the employment behavior of older persons with health impairments.

The data available on health and retirement are indicating three things: (1) that disabling health is a factor in the retirement decisions of a significant portion of workers; (2) that disability is not a unitary and therefore, partial disability is an important social phenomenon; and (3) that labor market dynamics are important influences on the employment of older impaired workers.

These findings are very important in light of the significant recent tendency to attribute low labor force participation by the aging solely to the economic incentive of retirement pension benefits and to view the aging as one large aggregate group nearly all of whom behave similarly. It is now quite clear that numerous structural health and employment factors are influencing the retirement behavior of the aging, notably including individual functional limitation as a result of impairments, shifts in the occupational structure of the economy and effects on job opportunities. These factors interact with the more well documented retirement preferences of older workers based on retirement pension incentives, to produce observed retirement patterns.

Policy attention has recently been focused on the potential for increasing the normal retirement range to age 68 and to consequences of such an increase for an aging workforce. A significant proportion of older workers retire as a result of deteriorating health; and of these, may receive disability insurance benefits. Thus, both disability and retirement pension programs influence labor force behavior of the older population.

In light of increasing disability prevalence concentrated among older workers and the overall early retirement trend, a policy designed to encourage continued employment at older ages requires the following: revised standards for measuring health and disability, establishment of functional performance criteria applicable to job requirements, modification of disability insurance and retirement pension programs to provide incentives for continued employment. If older impaired persons are to adapt to changing dynamics of the labor market, their health and employment status must be both viewed and treated as a continuum along which various economic and employment incentives can operate.

**With this presentation Dr. Morrison helped to set the tone of the Eleventh Switzer Memorial Seminar.*

Acknowledgements

The Mary E. Switzer Memorial Seminar and the monograph of the proceedings were made possible by a great many people and their organizations dedicated to the independence and rehabilitation of persons with disabilities. It should be noted that funds were initially raised by a special committee of the National Rehabilitation Association (NRA) known as the Switzer Memorial Fund Committee, which was guided by Mrs. Olive K. Bannister.

Since 1976 numerous organizations have assisted in sponsoring the seminars and contributors to the Eleventh Seminar are prominently listed on page two of this report.

Thanks are expressed to this year's host organization, the American Association of Retired Persons (AARP) and Cyril Brickfield, Executive Director and his big staff that played a role in the Seminar, Ann Harney, David Gamse, Bernie Nash, and Dottie Heatwole.

Appreciation is also expressed to the following for their involvement in this program: Jay Rochlin, President's Committee on Employment of the Handicapped, Members of the Planning Committee whose names are noted in this report; David Mills, Executive Director of the National Rehabilitation Association (NRA) and his great staff with a special thanks to Richard "Dick" Dietl and Ann Martino for their invaluable work on this and past Switzer monographs and for the excellent visibility Dietl has always given the Switzer activity over the years. Our thanks to him cannot be overstated.

To the Switzer Scholars who represented the finest in terms of background and experience who gave so freely of their time and talent to this very serious effort in better serving our nation's older Americans.

Special thanks are extended to Bernard Nash of AARP for his excellence as a Planning Committee member, Switzer Scholar and the author of an Action Paper that appears as Chapter One in this monograph. While it took the combined efforts of many people to implement the Switzer Seminar, Mr. Nash played numerous key roles to insure the success of the Eleventh Switzer Memorial Seminar.

Special Appreciation

Dr. Gary F. Austin has completed his term as chairperson of the Switzer Memorial Committee as of the completion of the Eleventh Memorial Seminar after four years of exemplary volunteer activity. His guidance, thoughtful leadership, and giving so freely of his time throughout his tenure will not be easily forgotten.

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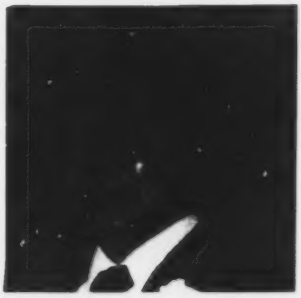

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Cleveland, Ohio

★ *President's Committee on Employment of the Handicapped* ★

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Scholarly Observations of the Seminar

This Memorial Seminar sparked numerous debates and many ideas were expressed about a wide range of issues that will help shape the direction of rehabilitation services in the years to come. The following quotes from Switzer Scholars provide a very brief overview of the seminar:

"Work and employment are a large part of one's life and is an activity that most people devote a large part of the waking hours of the day. As such it provides an identity throughout one's life. This is an important consideration in the mental health of aging individuals. Doud and Doud (Journal of Rehabilitation, 1981) state that 'Successful aging requires the development of well-being, in which the aging individual is in personal charge of his or her own activities, lifestyle and health, in which each activity is seen as one part of the larger whole of physical and emotional health.' Work and employment is a major activity in our lives and has important meaning for persons who are aging. Most of us consider 'rehabilitation' as a process that other people must deal with. Aging is a process that we all face in maintaining oneself in the work world, is an issue to be faced by all of us, including the rehabilitation professional. I wonder if we realize this because when I mentioned this at the meeting there was no response."

-- Yoji Ozaki

"During recent meetings where mechanics for-providing the supports essential for maximum productivity of our older citizens have been discussed, questions have been raised about what models can be developed. It has been repeatedly suggested by some experts who happen to be disabled that we already have a model which has proved quite efficient and economical: ILPs, the Independent Living Programs. They have worked and are working. Mutual aid supported by local communities provides appropriate assistance and support with the emphasis on the increasing of individual initiative. We fault ourselves if we do not recognize ILPs as a workable model."

-- Mary Jane Owen

"The percpetion by employees that all older workers are less physically capable and thus likely to cost more in terms of future health care is a major barrier to the employment of persons over age 50. This perception is often translated into thinking of older workers as disabled or potentially disabled.

-- Bernard Nash

"American society has begun learning that we must not deny the dignity or devalue the worth of a person because of race, sex, ethnicity, disability, language, religious creed or national origin. To do so is not only immoral, illegal and unstylish, it is expensive and impractical as well. See also our society will learn not to discount the dignity, worth, or productive potential of a person solely because of age."

-- Earl W. Wolfe

"A 'disability perspective' on all social issues is essential when we talk about physical, mental or emotional limitations of any age. We need an 'us' rather than a 'them' approach. When a problem is viewed through only one set of lenses, we lack the depth of understanding brought by 'sightings' from several positions. A 'surveyor' laying out the dimensions of playground would not consider the job completed if only one approach were offered. Certainly, in dealing with the complexity of human potential we need other viewpoints."

-- Mary Jane Owen

I strongly agree with the author (Dr. S. Mae Smith) that 'in philosophical orientation rehabilitation counselors are exceptionally prepared to work with older persons with disabilities.' I am heartened by Dr. Smith's emphasis on the uniqueness and importance of rehabilitation counseling. To emphasize the importance of rehabilitation counseling evermore I encourage Dr. Smith to distinguish between the profession designation of rehabilitation counselors, i.e., Certified Rehabilitation Counselor (CRC), and the use of rehabilitation counselor as simply a job title."

-- Patricia Mundt

It is entirely inappropriate that up to one-third of all functionally disabled persons would be denied access to the benefits of rehabilitation services based on a criterion as arbitrary as chronological age. The time has come for yet another expansion in the base of eligibile clientele for rehabilitation agencies. The inclusions of older disabled persons with the scope of rehabilitation efforts will provide an affirmation of our profession's concern for the needs of **all** disabled persons. If the goal of rehabilitation efforts is to enable disabled individuals with useful talents and skills to realize their optimum potential in all areas of life including but not limited to work then the exclusion of older persons from rehabilitation services is simply put, no longer an acceptable or viable option."

-- Jane E, Myers

The rapidity of technological change means that more and more workers of all ages will have to be retrained. As this trend continues, it will become less extraordianry for an employer to retrain older workers who are physically unable to perform their former jobs."

-- Edward J. Hester

"The statistical review of the incidence of disability in an aging workforce emphasizes, once again, the need to separate the issues of an aging workforce and the importance of developing early intervention and prevention strategies from the present focus of rehabilitation on the problems of returning the older disabled worker to employment."

-- Arlene R. Gordon

"The statistical review of the incidence of disability in an aging workforce emphasizes, once again, the need to separate the issues of an aging workforce and the importance of developing early intervention and prevention strategies from the present focus of rehabilitation on the problems of returning the older disabled worker to employment."

-- Jimmy Ballantyne

"In summary, the Switzer Seminar has merely opened the door to a number of issues that have been brewing for years,. It is recommended that some organization in the field pursue these issues and develop plans for addressing them in the most appropriate fashion possible in order to resolve them, e.g., more training, more research, more public education and needed changes in public and private policy.

In addition, there is a need for the formation of a task force (made up of interested and involved agency spanning rehabilitation and aging) to examine the twenty-one public programs for displaced persons such as Workers Compensation, Veterans Benefits, etc. A group of this kind could assess the ways in which eligibility might become more uniform and to reduce the incompatibility that currently exists in the various programs."

-- Bernard Nash

The following chapters and special papers contain a number of ideas whose time has come. The Switzer Scholars and the Switzer Memorial Committee hope that this monograph will serve as a stimulus for action for the growing number of older American who need a wide range of rehabilitative options.

Switzer Scholar Nash

Chapter One

The State of the Art: An Overview of The World of Work

By Bernard E. Nash

My task in these next few minutes is to set the stage for our discussion of the world of work. At first glance, this seems like an awesome chore, far too global to deal with in the time allotted. Fortunately, however, we have to examine only two areas of that world, the areas of age and disability.

I want to make clear at the outset that I am not offering a comprehensive review. Our topic is still too broad for that. What I want to do is help focus the discussion on the major trends and developments affecting work, age, and disability. Towards this I offer eight issues for your consideration.

Issue Number 1--and I think that this is vitally important--is that age and disability are too often considered to be synonymous, and there is a great need to establish that they are not.

The perception by employers that all older workers are less physically capable and thus likely to cost more in terms of future health care is a major barrier to the employment of persons over age 50. This perception is often translated into thinking of older workers as disabled or potentially disabled.

While approximately three of every four recipients of disability payments are over age 50, professionals in gerontology and rehabilitation must develop approaches which dissuade potential employers from erroneously interpreting this to mean that three-fourths of all those over age 50 are disabled. This is essential to increasing opportunities for older people in general, not just those who have been rehabilitated or who have limitations.

Issue Number 2 is the effect of changes in the types of job opportunities available and the need for revamping education, training, and counseling programs to prepare people to participate in the mainstream of our country's community and economic life.

Traditionally, adult education and vocational rehabilitation professionals have viewed persons over age 50 as less cost-effective candidates for the limited time and resources that are available. In the future it is expected that among applicants for rehabilitation services the old will outnumber the young, and we are already seeing job opportunities move from the industrial to service sector. Is the field of rehabilitation prepared to adjust to meet

these changes? What leadership role should it assume to ensure that available policies and resources reflect these changes and include a suitable response?

Issue Number 3 concerns demographic trends, and you will hear about them in a separate paper. The combined effect of a decrease in new entries into the labor force, the decreasing age at which workers are retiring, and the projected need for some 16 million additional workers in the labor force by 1995 can have divergent outcomes. One is that this nation will lose its leadership in the world marketplace. Another is that demographic trends will spur employers to make adaptations in the work environment to attract more women, the disabled, and retirees into the work force.

Issue Number 4 is the instability and inconsistency of public policy in terms of human resource management. Company policy is not easily changed. Once a commitment is made through company policy or union contracts, the courts have most often ruled in favor of the employee in litigation against the employer. Yet company policy is often determined in response to public policy. Tax laws, Social Security amendments, occupational safety and health codes, special incentive programs for targeted groups, and minimum wage laws are but a few examples of the influence of public policy on employer decisions. Added to these generic areas are the codes and regulations germane to specific industries and occupations such as the number of hours a commercial pilot can fly per month or the continuing education credits a teacher must acquire. Employers are acutely aware that each session of the Congress or a state legislature can result in costly reversals of previous policy. It is not difficult to understand their hesitancy to embrace proposed changes even though gerontologists and rehabilitation professionals perceive the changes to be in the public interest.

As an example of the policy inconsistencies employers must deal with, until 1984 the law included an incentive to hire workers 65 and over by making Medicare accessible as their primary health insurer; this saved the employer the cost of that benefit. In 1984, however, the Congress reversed itself, and current law requires the employer of older workers to be the primary insurer of health costs, thus converting an incentive into a disincentive.

Putting aside questions about the merit of legislative change, it is important for professionals to understand why employers are sensitive about making long-range commitments in human resource management.

Unstable, inconsistent, or fragmented public policies regarding disabled workers could benefit from a review by professionals in this field. For example, there are currently 22 separate, unrelated public programs to assist displaced workers. Could the resources of each be better used if these programs were linked? As another example, many compensation programs for the disabled require applicants to withdraw from any employment before they are eligible for compensation. Does this foster dependency and thus run counter to the avowed purpose of rehabilitation?

If a productive, mutually beneficial partnership is to be formed with employers, gerontologists and rehabilitation professionals must assist employers in their efforts to be responsive, creative, and farsighted. Without such support and skills, employers will find it increasingly difficult to successfully manage a labor force in an environment of changing public requirements much less serve the needs of the older disabled worker. Would a coalition of employers, rehabilitation specialists, and gerontologists be a viable objective to pursue? What can be done to more closely integrate policy makers, decision-makers and agencies and avoid further fractionalization of interests and resources?

Issue Number 5 relates to the disconnection at all levels and across organizational boundaries with respect to human resource planning. Much publicity is given to any cooperative efforts among government, the private sector, educational institutions, labor, and non-profit organizations. Such cooperation should be routine. Unfortunately, it is not.

As technology advances, as the economy demands tighter management of personnel costs, and as other nations assume a larger share of world production, further massive shifts in labor needs are likely to occur. Many workers will be displaced from their jobs and will lack the skills needed to fulfill new job opportunities. Yet the United States has no formal agenda or organized plan to address the obvious. How do we meet the needs of the disabled or the older worker when it is evident that the entire structure of manpower supply and demand is at risk?

Issue Number 6 is the prevailing attitude of individuals toward work. The profile of the work force is changing. The median age of retirement among private sector workers is now 62 (U.S. General Accounting Office, 1985) and it is declining, one sign of a population whose people are less inclined to rank work as an important priority in their lives. One in every five adults is currently functionally illiterate, unable to read a job notice or fill out an application. This is a handicap that extends

our definition of disability and commands our attention if we are to prepare to satisfy the nation's anticipated manpower needs. In addition, American workers have found certain work distasteful and reject employment in such fields. The result has been an exportation of jobs to other nations or an importation, both legal and illegal, of foreign labor to fill these positions. However, the kinds of jobs being exported (manufacturing, textiles, assembly, data processing, etc.) do not lack domestic applicants. The key issue is labor costs.

However, the more serious consequence of a changing work ethic is its impact on the ability of America to serve its own citizens. Obviously, illegal immigration and exported jobs further decrease our ability to pay for defense, education, highways, health, and other public programs such as air traffic safety and environmental protection. These consequences are of sufficient potential reality to justify an education program for current and future workers relative to their stake in protecting their expected standard of living. Employers must be assisted in developing ways to make work competitive with retirement or unemployment as a lifestyle choice. Whether incentives can be found that will motivate both employers and workers to alter current trends is highly problematic, however.

The most positive forces now at work are the demographics which indicate that the disabled, women, and older workers will be needed in increasing numbers and the burgeoning awareness that work provides people not just financial remuneration but also a sense of purpose, self-worth, and the challenge of new experiences.

Issue Number 7 is the ability or reluctance of employers to adapt the workplace for handicapped or older workers. This is often thought to be costly, resisted by employers, and not yet felt to be needed to meet the manpower requirements of most businesses.

Small businesses are a key source of employment for older workers, particularly those age 65 and over (SBA, 1984). Few such employers have personnel departments and written policies. Decisions to hire, fire, promote, and make salary adjustments are vested in the "boss" rather than in a company personnel manual. Thus, he or she has greater flexibility in making policy decisions on the spot, but he or she also has a more immediate awareness of the impact of such decisions on the profit-and-loss margins than the executives of a larger company. Therefore, age or disability are less likely to be viewed as primary influences in hiring or retaining a worker as are such factors as skill, availability, experience, and willingness to do the work required. In such settings, the worker must be prepared to adapt to the company, not the reverse.

In larger companies, the same competence is required for employment; however, greater attention is given to the applicant's age, health, and personal habits and characteristics. Why? Cost. Alcohol abuse is currently estimated to cost employers $28 billion per year. Now testing for drug abuse and AIDS is gaining support among employers. While only 24,000 cases of AIDS have been identified, the Center for Disease Control in Atlanta estimates that up to 1.5 million Americans carry the virus and that 20 to 30 percent of these will develop AIDS within five years. Treatment of the victims is at present expensive, but the influence of alcoholics, drug abusers, and AIDS victims in a work group is even more disruptive and costly to employers. Similarly, the fear of employing someone with physical or emotional problems mitigates strongly against expecting employers to make concessions or adaptations for older or disabled job seekers.

AARP has assumed management of a data bank originally developed by the University of Michigan known as the National Older Worker Information System (NOWIS). NOWIS contains descriptive statements of the new and innovative programs and practices 180 companies implemented to employ and retain older workers (Root and Zarrugh, 1985). These adaptations include part-time work, shared jobs, flex time, job placement and job redesign, training and retraining, job-work appraisal, and various methods to help workers who are making the transition into retirement. A study of the NOWIS data identified four major barriers to older worker employment: negative stereotypes; limited viable alternatives to traditional full-time work; the fewer years of future employment; and age-related employment costs. The study indicates that as progressive and innovative business leaders implement new policies and practices to meet their manpower needs, more workers will choose to remain in the work force beyond their eligibility for company retirement. Further research is needed on incentives for employers to redesign positions and work environments to tap the dedication, skills, and experience of the disabled and the older worker.

The eighth and final issue offered in this overview is the changing and dynamic environment confronting managers within their own organizations. In some corporations, layoffs have been massive; thousands receive pink slips at the same time. Company mergers force competent managers into the ranks of the unemployed at an age when they should be approaching top levels of performance. Competition in the world market is slowing the ex-

pansion of U.S. companies that once dominated their industries. These factors and others have subtly altered the focus of management from risk-taking to retrenchment and protection with significant implications for the immediate future.

In 1987 and 1988 we may see few changes in opportunities for disabled and older workers. However, some fields such as banking, insurance, fast food, health services, and computer-related programs will continue to need entry-level and technical manpower. Whether or not these fields will open similar opportunities at the professional and managerial levels remains a question. These fields may, however, supply job possibilities for displaced middle-and upper-level personnel who are willing to re-enter the work force in a different field or level.

"Second career" has become a misnomer for most individuals because the word "career" connotes a chance for extended employment and upward mobility. Current talk about second and third careers during a single work-life may become a reality in terms of the rapidity with which knowledge and technology are developing; however, preparation for new careers takes time and resources which may or may not be accessible to the middle-aged and older worker or the disabled. Finding approaches to this problem deserves your profound attention.

These, as I see it, are the eight major issues we have to address. It may be useful, however, to examine some of the more immediate pressures impinging on decision makers at the coporate level.

Cost is a key factor at any level of business. Health-care costs have been explosive; unfunded liabilities for employee health care have been estimated to range from $98 billion to $3 trillion and have been dubbed the "Corporate Time Bomb" by Phifer Johnston because the liability for some companies exceeds their current net worth. Thus many corporations are reviewing benefits offered employees and rewriting their health-benefit packages. With the work force growing older the fear of increased liability is causing companies to place a greater share of the cost on the individual worker. Companies are also focusing more specifically on the source of health care costs and how these can be more effectively managed.

A 1984 study by Carolyn Paul of the University of Southern California's National Policy Center on Employment and Retirement addressed health-care costs and the resulting implications for older workers and employers. The purpose was to determine the nature of the link between employees' age and health plan costs for employers. Four companies supplied data. In all four the total cost of employee health insurance claims paid was higher for workers aged 50 and older than for workers under age 50. Generally speaking, the older the employee, the higher was the cost of the health insurance claim paid by the company.

It was also found that male workers age 50 and older were more expensive in their health insurance claims than male workers under age 50; in contrast, female employees aged 50 and older were less expensive than female workers under age 50. And out-of-pocket expenses were higher for older workers themselves because their claims often exceeded their benefits under an insurance policy.

Health costs are only one dimension of the issue. The other is the health of the older worker and how it affects productivity. For employers, output and profits can decline if health affects productivity, and costs for health insurance and workers' compensation can rise. Workers whose performance declines because of poor health face such negative consequences as demotion, release, and loss due to excessive absenteeism. Older workers may have difficulty finding employment or receiving promotions because of negative stereotypes of older adult's health. A study conducted for AARP by Yankelovich, Skelly and White, Inc. shows that older workers are valued for their dependability and comparatively few absences.

A seminar held in 1983 at the USC policy center was reported by Dr. Judy Livingston and Dr. Pauline K. Robinson. A major agreement among participants was that there is no clear-cut evidence to support theories and assumptions about age, health, and productivity. This conclusion has interesting implications for the disabled worker, for it suggests that factors such as motivation and the work environment may be as influential on productivity as age or physical condition. If this is true, programs such as the one at Convair Co., as described in NOWIS, could serve as a model to other cost-conscious managements. Convair maintains an industrial nursing unit which works closely with supervisors and management to ensure that emplyees with health problems are given assignments and a support system which maximize their productivity.

Another cost-related approach to older worker employment entails the design of incentives to delay retirement beyond the normal date of eligibility. This saves the costs of recruiting, processing, and training replacement workers, ensures continuation of the skill and experience of the worker, saves the tax write-off for the company pension program,

and contributes to rather than draws from the Social Security system.

Despite these favorable arguments, a USC study conducted in 1983 by Dr. Sally Coberly (1983) indicated that even with special incentives such as hiring or training subsidies, FICA waivers, and tax credit for health insurance costs, two-thirds of 145 Fortune 500 companies surveyed said that they only "might" hire older workers under normal business conditions. Most indicated that hiring subsidies would not influence their decisions. Generally, incentives were seen as too troublesome to administer, were inappropriate given the firms's current capacities, were targeted to too old an age group, or were not sufficient to override other, more-important factors in the hiring decision. Employers did note that they would take advantage of the incentives for older workers they would have hired anyway. A small group of employers feared that incentives would increase their pool of older applicants and thereby increase the chances of being sued for age discrimination by older persons who were not hired. On the other hand, expansion of public support for older worker placement agencies was looked upon favorably by a sample of 40 companies with less than 100 employees.

From these findings it would appear that special incentives will not produce wide-scale employment for workers who are outside the traditional employment pattern. For those older employees who do not wish to retire, the chances for continuing on the job are improved by such incentives as tax credits and subsidies.

Impact of Current Demographics

As I mentioned earlier, one of the more powerful forces for employment is demographic trends. The jury is still out, however, as to the future significance of the graying of the nation's work force and low birth rates of 1962 to 1984.

Some analysts have projected increased job opportunities for all who now seek employment including the mature worker and the disabled. However, a study sponsored by the Brookdale Foundation and the Greater Community Council of New York (1986) indicates this will not necessarily be the case. There will still be high unemployment among low-income youth, and government programs and resources may be directed to increasing their skills. Also, employers may choose to offer special incentives to women to attract and keep them in the work force.

A parallel movement is the rebirth of cottage industries, primarily through advances in telecommunication. Several corporations are now experimenting with this decentralized, at-home work arrangement. Furthermore, unless there is a major reversal of older workers' attitudes or a breakthrough in personnel policies regarding part-time work in various forms, about 1 in 3 among those 65-plus will be seeking jobs. That one-third, however, will represent a potential reserve of manpower of approximately 35 million by the year 2000. Nearly 20 million of these individuals will be 65 to 74 years of age.

It appears evident that the reduction of young new entries into the labor force does not automatically ensure older and disabled job seekers an open market for their skills. Census Bureau projections indicate that only 11 percent of persons aged 55 and older will be in the labor force at the turn of the century and of persons 65-plus, only 2 percent will be in the labor force.

These figures need to be considered in the perspective of today's work force in which slightly under 3 million are 65 or older. This is some 3 percent of the total labor force. Three of every five of these workers are male and only half work full-time. Of the 38 percent of employees age 65 and over who are female, most are part-time workers. Even today the unemployment rate of older workers is around 2.4 percent, far less than the national average. Nevertheless, surveys by AARP and others reveal a strong desire for some type of continued participation in the labor force.

The Work Setting

Much has been written about the decline in manufacturing and the increase in service-sector employment. Dramatic figures are cited as evidence of the decline in the steel, mining, lumber, and auto industries (Job Trends, 1985). However, available data indicate that the manufacturing sector is still strong and expanding. In 1985, a Commerce Department report listed the top 10 job-creating and top 10 job-losing industries. Food establishments generated twice as many new jobs as any other industry from 1981 to 1984. Steel mills lost the greatest number of jobs. The fastest growing industries were not necessarily the source of the most new jobs. By the same token, the fastest shrinking industries did not necessarily lose the most jobs.

The top ten job-creating industries:

- Eating and drinking places
- Personnel supply services
- Grocery stores
- Computers and data processing
- Hotels, motels, and tourist centers
- Private hospitals
- Electronics production

Nursing and personal care
Physicians' offices
Legal services

The ten industries that lost the most jobs:
Blast furnaces
Steel mills and steel production
Off-highway heavy construction
Class I railroads
Machinery manufacturers for oil fields and construction
Telephone communications
Oil and gas field services
Fabricated structural metal production
Manufacture of metalworking machinery
Aircraft and parts
Manufacturing of general industrial machinery

Dr. Marvin Cetron has predicted changes that have potential significance for older and disabled job seekers. He believes that by the year 2000 a full-time work week will be only 20 to 25 hours and productivity will be up 500 percent. Jobs will be sexless; brains, not brawn, will dominate in an automated society. More women will work in factories and fewer in clerical capacities.

Two salaries will be necessary for a family's economic survival. Wages for female workers will rise as husbands demand equity for working wives.

Management, says Cetron, will be consultative and will have to build on people's strengths to improve productivity. By the year 2000, almost 90 percent of America's work force will be in service industries. Information services will employ 44 percent of workers, and half of these will work at home. Retirement at age 65 will end. As longevity increases people will probably be working longer. Robots will take over in manufacturing, but they will create more jobs than they destroy. Thus the future, according to Dr. Cetron.

The National Planning Association has forecast the distribution of new jobs by the year 2000 (Jobs and Work Styles, 1986). Houston, Texas, now a depressed area, heads the list of growth cities in terms of new jobs. Four California cities are in second, third, fourth, and ninth place (Anaheim-Santa Ana, Los Angeles-Long Beach, San Jose and San Diego). Dallas is fifth, Denver sixth, Phoenix seventh, the Washington, D.C.-Maryland-Virginia area eighth, and Boston-Lawrence-Salem, Massachusetts tenth.

Work opportunities in the home is one of the most promising developments for older and disabled workers. The Federation of the Handicapped in New York City currently employs more than 100 benchworkers and 50 transcription typists who work at home (AARP News Bulletin, 1984).

In the Bureau of Labor Statistics' 10-year projection of industrial and occupational changes, the occupations expected to have the most significant growth will be those of professionals and technicians in service industries. However, the greatest source of employment opportunities in any occupation will be the need to replace the increasing loss of current workers through death, retirement, and departure for health or other reasons. Entry-level positions and those requiring less formal training will continue to experience the greatest turnover. A positive sign for the worker age 65 and over is that industries and occupations in which they are currently employed are projected to have continued growth.

It must be noted, however, that the growth in the older population will be dramatic, and thus the proportion of non-working individuals in this age group will increase considerably. As a result, the nation will not be able to afford to sustain such a large number of its citizens in retirement and must reverse trends toward early retirement if the collapse of income-maintenance programs is to be avoided.

But the cost of inaction will be far more than the burden of support programs. It represents lost income, increased stress on individuals and families, deterioration of morale, and increased social and medical problems and expenses. It may also represent a politically explosive issue as larger numbers of the population are denied contributing roles and a respectable life style in later years. Perhaps one response to explore is to better prepare people for aging rather than preparing them for retirement. Such preparation could include special training in new skills before retirement and the provision of a nationwide support system for career changes in later life.

Identifying the Older Worker and the Disabled Worker

Early in my remarks I stated that a distinction must be made between the older worker and the disabled worker. The rationale for this distinction is that while the two groups overlap, each has unique needs and the need for public and private policy changes to accommodate older workers and disabled workers has been well documented; but we have to keep in mind that a program designed to meet the needs of one will not necessarily serve the others. The number of older workers with severe disabilities is relatively small, the dual barriers of age and disability make job placement for this group uniquely difficult.

Little can be gained by associating age with disability or vice versa. In fact, employment is

found in a series of markets in which skill and needs are not necessarily interchangeable. There are at least five general types of differentiating characteristics between labor markets: skills required; geographic scale and location; industrial setting; structure; and career track. Each of these characteristics determines in large measure the opportunities or limitations for an individual or a given group of workers. Any plan for change in current acceptance by employers must consider each aspect of the labor market. The more precisely the target can be differentiated, the greater the opportunity for success. Thus, it appears wisest to approach this task as advocates for three distinct groups: the disabled; the older worker; and the older disabled worker.

Conclusion

The world of work has been undergoing its greatest changes since the Industrial Revolution. One factor contributing to the change is the profile of the labor force itself. Whether the changes still ahead in the next five decades will demand greater participation by older and disabled workers is highly debatable. The most critical issue may prove to be the rejection of work opportunities by older workers and the severe drain on income-maintenance systems. Disabled workers face the same dilemma but with even greater uncertainty.

Skills levels will be the primary determinant for employment as they are now, but shortages of skilled personnel will be more acute in scientific, engineering, technical, and clerical positions. Telecommunications will open opportunities for in-home work, and changes in the work environment for all workers will increase job accessibility for the disabled. Much educational work is still ahead, however, before any major improvements will occur for the older disabled worker.

Public policy alone cannot be the driving force that influences change. Demand for skills in short supply and employer education as to the cost-effectiveness of older, disabled, and older disabled workers are the issues to be addressed.

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Looking at the Switzer Seminars

THE WHY: This is Mary E. Switzer, one of the giants of the movement to help persons with disabilities. No person aided the cause more than she. The National Rehabilitation Association is most proud of its sponsorship of this vital program.

Rememberances Also on Pages 30, 40, 60, 70

THE RECOGNITION: In 1984, in New York, Human Resources Center's President, Dr. Edwin Martin (center), presented a bust of Mary to her nephew, Richard Switzer, Commissioner of the Department of Vocational Rehabilitation for the state of New York. At the left is Ruth Velleman, head librarian at HRC.

Switzer Scholar Mitchell

Chapter Two

The Aging Work Force and The Politics of Incapacity

By Kenneth Mitchell, Ph.D.

During the next decade the American work force will present a series of challenges and opportunities for corporate managers, health care providers, rehabilitation professionals and public policy makers. The effective management of our shared economic and human resources will be confounded by the paradoxical nature of the needs and demands coupled with the economic and social realities of an older American work force.

This paper is a critical review of the new dimensions, paradoxes and opportunities presented by our aging work force. The anticipated impact that such changes have on the delivery of rehabilitation services over the next decade is presented, as is, a model for addressing the needs in a comprehensive, integrated manner.

A primary assumption made in this paper is that the delivery and utilization of rehabilitation services is a political process. This process is not defined as republican vs. democrat or liberal vs. conservative, but as a political process designed to meet one's self-interests. This political process is created and maintained by the conflicting and competing self-interests among corporate managers, medical providers, rehabilitation professionals and the impaired or disabled worker. The impact of an aging work force can be understood more fully within the identification and analyses of the competing and conflicting self-interests. In other words the politics of incapacity.

New Dimensions

The American work force is aging. Thereby, presenting a new and unique dimension to the effective delivery of rehabilitation services (Parnes, 1983; Sandell, 1985). As a consequence, changes will occur in employer needs, worker attitudes and job opportunities. Likewise, rehabilitation strategies and resources will need to be revitalized and restructured. Current vocational rehabilitation systems will not be able to respond effectively. The current and anticipated trends:

* The American work force will have an abundance of experienced and technically qualified workers

* There will be greater competition for fewer, highly desirable, positions

* Greater numbers of older workers are leaving the work force while a comparatively small

number of younger employees are entering the work force

* Age discrimination is the fastest growing category of Federal Equal Employment Opportunity Commission complaints

* The American work force is more heterogenous than ever before with very diverse age, ethnic and education makeup

* The advent of new technologies will create and eliminate vocational opportunities for the older worker

* The impairments found in the older work force are not trauma related, but are associated with chronic degenerative conditions characteristic of cyclic work disruptions and chronic pain.

* Federal and state legislation will promote extension of work years while private employers will encourage earlier withdrawal from the workforce.

Many of these trends have been anticipated and are desired. Others are divergent, unexpected and in some cases confusing (Parnes, 1983, Sandell, 1985 and Ossofsky, 1986).

The Older American Work Force

The aging of the American work force is generated by the combined forces of a healthier work force, longer life expectencies and the maturing of the post World War II baby boom (1946 to 1965 birth cohort). In 1985, it was reported that approximately 19% of the total U.S. population was between the ages of 45 and 65, (Sandell, 1985). By the year 2000, as the baby boom generation moves through the next decade and a half, this percentage will rise to a little over 23% of the total population. This change in a major portion of the work force offers to society, in general, and to the industrial community in particular, a variety of critical issues.

With an older American work force, it is important for the rehabilitation policy makers and service delivery personnel to understand, 1) the key characteristics of this group, 2) the types of issues that will be generated, and 3) the real and potential impact that will have on the rehabilitation and health care communities.

The Popular View

The popular view of an older work force is characterized by the image of an experienced mature worker successfully meeting his or her job responsibilities for 30 years. Now he or she, voluntarily leaves the work force with a gold watch to a life of well deserved leisure. In reality, it is clear that other influences effect the employability of the older worker, in particular the "impaired" older worker.

In reality, the older worker must address a variety of adjustments in response to developmental changes in emotional, family, economic, physical and job task characteristics. While the older worker may experience physical changes in sensory function, especially hearing, tactile and visual functioning, one typically does not experience significant deterioration in job performance due exclusively to aging (Rhodes, 1983). Chronological age has shown not to be highly correlated with job performance capability except when rapid response and simple direct strength functions are essential or primary job functions. Conversely, the older experienced worker is often reported to be more efficient and productive than the younger worker when engaged in non-physical tasks and requiring experience and decision making (Rhodes, 1983).

The stereotypical deficits in cognitive functioning among older workers (i.e. deterioration of problem solving capability, intelligence or learning ability) are unfounded. If such behavior is present it may be developed or maintained as a expected social role or in response to encouragement provided by fellow workers. In fact, it is reported by a variety of researchers that the current cohort of workers over the age of 45 years of age is healthier (as measured by life expectancies) than the parallel groups in previous analyses. While physical changes are less apparent, there can be exhibited changes in the older worker's socialization patterns at work, job satisfaction and valuation of work in general (Rhodes, 1983).

Changes in social relationships on the job among older workers often reflect loss of work colleagues to retirement or death. The differences between younger and older workers in terms of preferred social activities are influenced by basic age related values and ideas regarding work site behavior. Such differences may lead to a modification in working relationships as compared with those experienced by their own age cohorts. While these new relationships may certainly not be negative, they may often lack the familiarity and a feeling of "fit" that the older worker once may have enjoyed. The result may be isolation.

Research findings have indicated relative stability in learning and problem solving capabilities

throughout the working years. A reported lack of motivation by older workers to participate in new learning activities may be influenced by the worker's attempts to reduce any potential stress generated by new work or learning situations. This would appear to be a matter of choice rather than exclusion related to actual performance deficits (Haberlandt, 1971).

The value characteristics related to employee job satisfaction change over time for the older worker. While the overall degree of job satisfaction may not change, the elements of the job that meet the worker's needs and contribute to a sense of satisfaction do change over time. For example, several reports have indicated that older workers were more satisfied with their jobs if the jobs are inherently interesting, required higher levels of attention with a corresponding level of responsibility. The younger workers prized jobs with greater social interaction, upward opportunities and autonomy (Rhodes, 1983).

Consistently, labor market statistics indicate that the older worker (45 years or older) experiences the lowest levels of unemployment in any age group participants in the work force (Sandell, 1985). While this is an accurate statement, it is laden with potential faulty interpretation. Labor market problems do exist for the older workers. For example, while unemployment rates decline with age, the length of time off work are extended for the older worker once separated from the job. The re-entry into the work force appears to be affected by age discrimination practices of employers. Age discrimination claims are reported to be the fastest growing activities of the Fedeal Equal Employment Opportunity Commission (E.E.O.C.). With the combination of general labor market problems plus the impairment characteristic of the older worker, our primary concern is for the worker who prematurely, involuntarily and unnecessarily withdraws from the work force due to a poorly managed impairment.

The Older Impaired Worker

Increased age brings increased risk of illness and chronic disability. An older work force experiences a greater incidence of physical impairment with a higher potential for long term work disruption (Nagi, 1976; Myers, 1983). Industrial injury data suggests that the older worker (+45 years of age) has less risk of injury, yet the older worker experiences lengthy periods of work disruption following an injury than the younger worker. Correspondingly, older workers often need more time to recuperate medically from illness and injury (Yelin, 1980). Heart disease, arthritis, backache, back injury and other musculoskeletal disorders continue to impair the older worker's job performance (Yelin, 1980). Such chronic physical conditions are found in greater proportions among an older work force and contribute to an increasingly negative impact on the social and economic life of an individual (Kramer, et.al. 1983). Arthritis and backache specifically are identified as major medical and industrial relations problems faced by corporate managers. For example:

* 11% of the adult work force will report impairments due to one of the types of arthritis
* 25% of the work force between the ages of 45-65 report receiving treatment for rheumatological conditions
* 38% of the work force between the ages of 55-65 report some type of work disruption due to arthritis
* 52% of the work force being treated for arthritis report significant work disruptions
* 80% of the working population will have their ability to work disrupted by backache at some point.

Correspondingly, permanent impairments related to degenerative physical or emotional changes characteristic of the aging process have shown to be rather resistant to traditional vocational rehabilitation efforts (Mitchell, 1980).

The state/federal vocational rehabilitation system is actively involved with the older worker. Myers (1980) reported that between the years 1978 to 1981 approximately 20% of those individuals rehabilitated by state vocational rehabilitation agencies were between the ages of 45 and 65. This figure is expected to increase over the next decade. State vocational rehabilitation agency services will have to aggressively reconsider the primary strategies related to training and placement strategies for older workers who are unable to function on their current job.

Much of the work oriented literature focusing on the older worker deals with the transition from work to retirement. Another key transition, one that is less visible, but possibly more important to the rehabilitationist, is the withdrawal from the work force prior to the statutory age or normal expectation for retirement.

In a major review of new Social Security beneficiaries, Reno (1971) found a variety of dif-

ferences between workers who left the work place at age 62 and 65, and those who left the work force prior to age 62. The primary difference included the health of the worker, attitudes toward work, employer retirement policies and perceived availability of pensions. Failing health was the primary reason for early withdrawal from the work place far distancing the other contributing factors. It was reported that 70% of men who stopped working prior to statutory retirement age reported leaving their jobs because of poor health, compulsory requirements of the company or loss of job. More important, it was also reported that three out of four of these men who involuntarily withdrew from the work force were not receiving pensions.

Kingson (1982) reviewed the key factors contributing to premature withdrawal from the work place. He identified differences between workers who were disabled and retired, unhealthy workers not working and workers who were retired from work with no health problems. The disabled group was most likely to exit the work force precipitously. The unhealthy worker appeared to work for a period of time (three to five years) with health problems, often terminating employment with no benefits. A critical point made was that no apparent differences in functional limitations existed between the two groups. The unhealthy worker group had a greater mortality rate after withdrawal from the work force than the disabled group. The major notion presented in this report was that older workers with chronic unmanaged health problems were at high risk for early involuntary withdrawal from work, with little economic support.

A key observation of this process is that the worker has exhibited over a two to three year period risk factors for premature work cessation or performance problems. It is important that the employer, health care provider and rehabilitationist be able to respond during this critical time. Unfortunately, we often wait until the worker applies for disability retirement or is released because of poor performance to intervene in the restoration process.

Contained within the U.S. House of Representatives, Select Committee on Aging's 1981 transmittal letter for the report, **The Early Retirement Myth: Why Men Retire Before Age 62,** is a comprehensive summary of the outcomes of premature cessation of work. The report stated:

> ***"The finding of this study show that the health problems of the unhealthy very early retirees are quite real. Their mortality rate is higher than healthy retirees and even higher than those former workers who are receiving disability payments. Moreover, these unhealthy retirees experience double jeopardy, they do not receive disability benefits and many do not live long enough to collect Social Security early retirement benefits. Involuntary retirement is common among very early retirees (< 60 years of age)."***

In a major study of early work cessation, Kingson (1980) researched the interactive effects of health and economic motives to withdraw from an active work role. He suggested that health care problems, as well as the worker's perception of "self-assessment of the capacity to work" influenced early withdrawal from the work force. Correspondingly, the benefits and earnings and the work site characteristics also were important factors when decisions regarding work cessation. The recognition of the process of self-assessment points directly to the need for timely and accurate information to influence the decisions that are necessary to be made.

Work disability is not a simple relationship between or an outcome related to job demands and worker capacities. Liang (1984), and Yelin (1982) explored the interactive relationship between the worker's physical impairment, the nature of the work place and the employer's flexibility for change. They reported that the impairment alone among individuals with rheumatoid arthritis was not predictive of work disability. Job flexibility and work satisfaction were found to be influential in predicting successful continuation of work among older workers.

The primary reason for work disability and premature cessation of work prior to the statutory age of retirement are complex. However, health problems and restricted vocational alternatives imposed by physical impairment, corporate policies and the availability of retirement benefits appear to be key factors influencing the work status of the older worker.

The older worker who has incurred a partial physical or emotional impairment is faced with complex social and economic problems. The onset of an injury or illness that creates a permanent, but partial impairment, compounded by degenerative changes due to inactivity or general aging, alters the work potential of the individual (Andrisini, 1977). Such individuals are frequently unable to meet job demands. Concurrently, they are often unable to meet the standard of disability retirement. The consequences of being in this "in-between" state is the reliance on governmental support systems. Many premature retirees are faced with living at or below the poverty level (Kingson, 1981). Corresponding-

ly, the movement toward involuntary withdrawal from the work force appears to influence the use of health care systems and other available means (e.g., litigation) to create some degree of financial stability.

Paradoxes

The current trends related to the aging work force present a variety of contradictions. These contradictions or paradoxes offer to the workers, corporate & public policy makers, as well as rehabilitation professionals, conflicting information in relation to current needs and future actions. These paradoxes can lead to confusion in the rehabilitation community as to the role to be taken and the resources to be used with the older disabled worker. These paradoxes can be categorized into the following groups:

* Employee Health Status
* Job Satisfaction - Work Motivation - Work Valuation
* Economic Status of the Older Worker
* Automation
* Corporate Retirement Policies
* Social and Cultural Expectations

The following discussion provides an identification of each of the areas of conflicting or competing needs, expectations and self-interests.

Employee Health & Performance Capabilities

The area of employee health and performance characteristics offer a significant source for overgeneralization, stereotypes and conflicting self-interests. For example: What are the physical capacities of the older worker? Much of the reported research on the older worker population coupled with the proclamations of the advocacy groups for the older worker consistently indicate that the older worker, if healthy, should experience no deficits in work performance and in many ways are a more productive worker than the younger person.

Yet, a critical review of a portion of the workers who withdraw from the work force prior to retirement age indicate that health reasons are the major reason for the cessation of work. Is an aging work force to be expected to function without modification or be competitive with the younger worker. What are the self-interests being served by the promotion of an image of a robust older worker or a frail dependent older worker? Who benefits from the perpetuation of the myths or realities of the physical capacities of the older worker? The competing self-interests are:

Job Demands ***vs.*** Worker Capacities
Worker Independence ***vs.*** Health Care Dependence
Prevention ***vs.*** Restoration
Worker's Performance ***vs.*** Employer's Expectations
Worker Opportunities ***vs.*** Employer Needs

Job Satisfaction - Motivation - Need to Work

Will an aging work force, collectively, be motivated or encouraged to maintain appropriate levels of productivity? Once the worker begins to sense that retirement is within reach, can they be expected to be responsible for meeting work standards. Does the onset of an injury or illness during the five to ten years before retirement signal the conclusion of a productive work life. The outcome being a reduction of effective participation in the work force. Does the value of work become less after a major injury or illness. Do priorities change? What secondary gains are achieved by an illness and injury for the older worker. What incentives are provided by the employer to encourage the worker to participate effectively in the work force. The competing self-interests are:

Need to Work ***vs.*** Desire to Work
Value of Work ***vs.*** Value of Leisure
Worksite Participation ***vs.*** Worksite Isolation
Employer Encouragement ***vs.*** Worker Discouragement
Career Maintenance ***vs.*** Career Decline

Economic Status of the Older Worker

This area offers the most conflict and contradiction for the older worker. The documentation of the exodus of the older worker from the work force indicates on the surface an economic stability to seek out alternatives to work. Corporate retirement programs have created a variety of incentives for the older worker to leave the work force for other careers or retirement. The advent of the retired affluent presents a picture of economic stability. The recognition of the working poor creates a balance for policy makers. The competing self interests are:

Compensation Award ***vs.*** Earnings Level
The Working Poor ***vs.*** The Retired Affluent
Restoration Programs ***vs.*** Long Term Disability

Automation

The current technology changes interject opportunities for the older worker in job protection, retraining, as well as labor market problems. The current exodus of the older worker to early retirement has been identified as one outcome of an automated work place. Changes in personnel needs along with the expectation that the older worker will not be able to or want to make adjustments

establish a rationale for corporate policies related to the older worker. Thus, the competing self interests are'

Skill Development *vs.* Skill Obsolescence
Worker Retraining *vs.* Worker Elimination
Worker Satisfaction *vs.* Worker Job Performance

Corporate Retirement Policies

Corporate retirement policies offer a series of conflicting self interests related to the older worker. The need to reduce the number of workers within a company often is the primary intent of a systematic effort to encourage worker to retire early. The balance between employee needs, production levels and personnel/skill needs are critical. The conflicting self-interests are:

Heterogenous Work Force *vs.* Homogenous Work Force
Higher Paid Older Worker *vs.* Lower Paid Younger Worker
Full Work Options *vs.* Transitional Work Options
Skill Needs *vs.* Corporate Economics

Social and Cultural Expectations

The nature of the retirement process is a reflection of our cultural and social expectations related to work, leisure and economic support. The values we hold related to the older individuals contribution in the work force reflect the current trends toward movement of the older worker away from the work site. The competing self-interests are:

Economic Dependence *vs.* Economic Independence
Work *vs.* Leisure

Opportunities

As can be seen from the aforementioned paradoxes a wide range of conflicting myths, stereotypes and contradictory portrayals of the older worker face society. The real impact of the aging work force will be dependent on the strength of the competing self-interests involved.

The most influential self-interest will define the personal, social and economic consequences of the aging work force. That is, to what and whose advantage will it be to portray the older worker as an independent, economically stable, fully capable individual with a multitude of labor market alternatives over an extended career lifetime? To what and whose advantage will it be to portray the older worker as an individual with a progressively limiting range of work alternatives created by eroding physical capacities? Who will benefit by maintaining the idea that older workers, as a group, have obsolete skills? To whose advantage will it be to have corporate policies or labor-management agreements encourage the separation of the worker from the company or agency at age 50 with only 10 years of service? To what advantage is there to portray the older worker as an unnecessary contributor in the U.S. industrial and service community.

The most significant opportunity that currently exists is to establish a coordinated series of corporate and public policies that promote and respond to an accurate portrayal of the older worker's role in the American work force. To do this requires us to identify the competing and conflicting self-interests for each of the participating groups.

Whose Responsibility?

The process of developing corporate and public policy related to the management of the disability for the older worker can be established through a variety of alternatives. The following reference points establish alternatives for action.

Individual Choice

The older worker has a range of opportunities to develop personal choices in health promotion, skill development and participating in effective restoration program related to work. Unfortunately, many of the options a worker may have are not exercised or not developed to protect the economic and job stability for the individual. Efforts must be established to promote the individual choices a worker may have in using the industrial rehabilitation network.

Corporate Alternatives

The employer holds the key to developing sound programs for managing the disability issues related to the older worker. The employer must be able to establish a balanced program that creates incentives to maintain effective job performance, opportunities to receive appropriate medical care and a timely systematic process to gather accurate information regarding disability determination alternatives.

Public Initiatives

A critical component to the process of managing disability for the older worker is the impact of legislated disability or negotiated dependence on the part of public statutes. A critical review of the intent, outcome and incentives generated by public laws is necessary.

Blueprint for Action

To respond to the needs of the older work force, the rehabilitation community will have to create opportunities to develop and implement a comprehensive model that reflects the practical realities of effectively linking the individual, corporate and

medical communities. To do this, the rehabilitation community cannot be reactive and function outside the process as it currently does. The rehabilitation provider must be part of the process to prevent the residual effects of an injury or chronic disease from creating a lengthy work disruption or work disability. This requires a concept of control and reduce the synergistic effects of injury and aging. Disability Management is such a concept.

Disability Management is the active process of minimizing the impact that an injury, disease or aging has on the worker's ability to function on the job (Mitchell, Shrey 1986). It is a process that must actively involve the rehabilitation provider as well as the manager/supervisor as a decision-maker, planner and coordinator of prevention, rehabilitation and treatment programs (Shrey, Mitchell, 1986).

In order to more fully understand the disability management process, it is helpful to clarify what the disability management process is not. Disability Management is not simply another means of claims management or dispersing medical benefits. Disability Management is not the same as traditional vocational rehabilitation or the typical coordination of medical restoration programs geared towards injured workers.

Concepts and processes such as medical management, claims management or vocational rehabilitation may each have important implications for improving job performance. Independently, they are necessary, but not sufficient to prevent or reduce work related problems created by chronic health problems.

Disability Management is not an expensive or complicated approach to controlling disability related problems. From an employer's point of view, it is not an approach that relies exclusively on outside experts, such as safety consultants. It is not a "faddish" health promotion and wellness program designed to prevent all health problems for all workers. More important, it is not an approach that excludes the involvement of the employer. Disability Management is not a canned or pre-packaged process that is intended to work the same for all employees.

Disability Management is an employer based, goal oriented process of gathering appropriate information and developing a disability prevention or restoration plan for an impaired worker. The developed plan is the outcome of an early intervention process that is designed to establish a menu of alternatives mobilizing the employer's resources, coordinating the appropriate medical services and identifying the worker's impairment before it creates a disruption to his or her work performance.

Disability Management requires that an alliance be developed between the employee, the employer and the rehabilitation professional. This alliance offers the opportunity for an accurate assessment of work deficits created by the impairment, the identification of competing self-interests at the work site and the communication of appropriate alternatives available to a targeted work area.

The following steps outline the development of an employer based disability management model. This model can be used by employers of any size within any type of economic or political setting.

The restoration of an impaired worker can range from a very simple process to a very complex series of tasks that are necessary for the worker and employer to adapt successfully. In the majority of cases, the worker suffering from a minor injury or temporary illness receives appropriate medical care and adapts reasonably well to the short work disruptions that may occur. As a result, the individual often returns to or is able to maintain his or her former job with little lost time and with minor alterations in their activities.

However, in far too many cases, workers suffer lengthy disruptions in their work activities due to the uncontrolled impact of multiple fractures, amputations, burns, heart attacks, arthritis, back injuries or other types of serious conditions. All of these can serve to create a major disruption in the employee's capacity to work.

In the case of the older worker, the individual may be experiencing a chronic illness or impairment for months that affects job performance. Inadequate management of the condition creates a frustrated employer and encourages the worker to inappropriately consider disability retirement.

In many other types of cases the individual's impairment is minor but the disruption of work is often lengthy and out of proportion to observed objective impairments. This is not because of physical impairments alone, but the associated secondary gains and corresponding emotional or motivational factors that are created and encouraged by unsystematic medical management, poor or nonexistant rehabilitation practices, inappropriate benefit plans or corporate policies that encourage disability retirement.

Barriers:

The first step in developing an active, comprehensive and planned response to managing an injury, illness and disability found in an older worker population is to be aware of and address the barriers or saboteurs in the process. Obviously, there

are many factors that reduce the effectiveness of any effort. However, there are several major barriers that exist for the majority of employers. These barriers are:

1) The failure to initiate rehabilitation interventions at the onset of a disease, the occurrence of an injury or the documentation of an impairment related job performance deficit. The response is reactive rather than proactive.
2) The reliance on too many or too few medical and work return decision makers.
3) The use of inaccurate and inappropriate information at the wrong time for disability determination or the development of a work prescription.
4) The failure of rehabilitation professionals and employers to address the non-medical concerns that interfere with the person's ability to return to work.
5) The failure to accommodate the worker whose remaining impairment is greater than the job demands. An all or nothing environment exists.
6) The employer is excluded from the rehabilitation planning process through legislation or negotiations.
7) The employees receive unspecified or homogenized treatment with little regard for the individual injury or illness characteristics.
8) The benefit plan for the company or state/federal statutes focus only on economic compensation with little incentive towards physical and emotional restoration and work return alternatives. The outcome is the encouragement disability dependence.

As mentioned there are two primary levels of action that must be taken in the planning and development of a disability management system. First, the corporate environment and organization must be prepared to respond appropriately. Second, there must be an organized method to identify a plan and implement the services for the individual employee. The following five steps are basic to the preparation of the company in the development of an effective response to health care and disability problems.

1) Know the Problem

Employers must be able to identify the most relevant and significant types of injury or illness trends. Correspondingly, quantification of the real economic and labor force impact must be made. This requires a practical and accessible data collection system created for accurate monitoring and program decision making. Likewise, accurate information regarding the patterns of medical treatments received by employees, benefit or contract influences on the worker, legal and medical community patterns of influence, supervisory influences and patterns of health care utilization offer useful keys in program planning, development and resource allocation.

For example, backache and back injury are common problems. Yet, the types of injuries, who treats the injuries, the varying degree of work disruption created by the injury and the volume and intensity of injuries observed in a plant or department dictate the type of corporate response to make. This is particularly true for the older worker who have significant risk for chronic backache.

2) Create Alternatives

The company's management must develop positive expectations and effective procedures within a disability policy that promotes the continuation of work. A well conceived and appropriately disseminated corporate disability plan must have at its base a series of objectives and methods that direct the management and employee's expectations, actions and resources to desired goals.

Poor results in disability management or in corporate health care programs are often characterized by a hit or miss approach. Starts and stops in program development, paralysis in decision making due to information overload and vascillating support by upper management promote a lack of distinct direction in employees efforts to deal with health problems. Lack of planning is in evidence when program ambiguity is prevalent.

Several key questions can be answered by designing the company's benefit plan to encourage and influence the types of actions desired. Most employers act on each case as if it is the first industrial injury or illness claim they have ever had. A well defined plan with specific strategies will influence the employee to use the health care system in the desired direction. Moreover, such an approach will add treatment specificity and will increase positive outcomes. A well defined plan enables the employer to establish a base to evaluate and anticipate future directions or program changes.

3) Know When to Act

Disability Management is a proactive effort to prepare the company and employee to respond in a timely fashion. Therefore, management must identify and acknowledge the critical decision making points regarding medical care, initiation of prevention and rehabilitation strategies, assessment of the worker's ability to work; and the initiation of a systematic effort to return the person back to

work. Correspondingly, management must identify critical times for decisions made in the application of disability benefits and disability retirement.

Successful health care and rehabilitation programs are based on the concept of timely service delivery. Medical treatments or other services applied too early or too late reduce their effectiveness. Delayed or premature interventions are likely to reinforce the negative or unwanted features of the process. By identifying the critical periods within the corporation's and medical community's network as well as the critical periods during the employee's physical and emotional adjustment to an illness and injury, there is greater opportunity to influence and control the outcomes. Thus, a response without timing is like a tap dancer without rhythm - ineffective, noisy and distracting.

4) Begin at the Beginning

Active prevention and screening programs coupled with active monitoring of medical management efforts offer the employer the first step in influencing the worker to participate in positive post-injury or illness work return activities. These programs are designed to insure that the worker receives the appropriate medical care at the correct time while fostering goal oriented restoration rather than continuous and undefined medical care.

For example, unmonitored hot packs and massage often result in escalating economic costs to an employer, while fostering unrealistic work expectations if used for greater periods of time than is necessary. If a monitoring system is in place, it will create effective links with medical care providers who are oriented to a prevention and restoration philosophy with a corporate management team sensitive to health planning for their employees.

By initiating a proactive program, a company prepares its management team to deal with the problems by providing them with the disability management skills. Labor-management rehabilitation education programs are part of a disability management program that create an informed management and work force.

5) Create the Right Environment for Success

In any successful prevention and restoration effort, the work site and work force must be prepared to make a proposed strategy happen at the optimum time and as efficiently as possible. This requires an accurate profile of the many influences that have an impact upon the management and employee's efforts to deal with health care and rehabilitation issues. The addition of specific work and rehabilitation incentives within labor-management agreements and corporate benefit plans serve to promote an active case management process. The practical features offer to positively mold the work sites for the impaired worker. The organized features of such a corporate plan offer a smooth transition and create reasonable expectations for all involved. The outcomes are measured in less days off work, lower re-injury rates, and less fearful workers.

Summary

The aging work force will present a new dimension to the rehabilitation community. A rethinking and redirection of the methods of preparing rehabilitation professionals will have to begin. It is essential that private and public rehabilitation facilities and services recognize the competing self-interests presented by the older worker, employers and other participating groups. As the competing self-interests or the politics of incapacity are identified and responded to, the older worker can be afforded the opportunity to choose to be a contributing part of the American work force. It is when the competing self-interests go uncontrolled or are poorly managed that unnecessary outcomes occur for the worker, the employer and the community at large.

□

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Excerpts of Reviews and Comments

The following are excerpts of reviews, comments, and recommendations made by the Switzer Scholars. These are presented to further stimulate thinking, discussion and action as they related to the content of Chapter Two by Kenneth Mitchell.

Problems experienced by the aging worker regarding involuntary withdrawal from work are not dissimilar to those experienced by the younger impaired worker. The system is crisis oriented, frequently waiting until the worker applies for disability retirement, or is unable to perform satisfactorily on the job before action is taken. Often the condition responsible for the disability has been poorly managed, or has recieved little medical attention at all. The same secondary gains can be experienced by both groups. One major difference between the two groups is, however, age-discrimination which may decrease the chances of the older worker re-entering the work force. This discrimination may partially be explained by social role expectations both of the worker him/herself as well as expectations of those who employ them.

Dr. Mitchell suggests several solutions including identification of injury or illness trends; well defined benefit plans which encourage positive outcomes; applying appropriate timing to interventions such as prevention; medical management efforts; specific work and rehabilitation incentives within labor-management agreements; and corporate benefit plans which includes an accurate profile of the numerous factors which impact on the rehabilitation process.

Although Dr. Mitchell's solutions could be applied to any age group in the work force, the solutions have particular relevance to the older worker who may experience higher incidence of chronic disease or injury which can be incapacitating.

Implications for training of personnel and workers include development of programs to form more positive attitudes toward returning the aging worker to the workforce. In addition, if trends are identified, then the workplace can anticipate these trends by building incentives for early detection, treatment, and effective medical management of conditions before they become debilitating.

-- BY DONNA FALVO

There are a number of implications for training which are directly related to the model of disability management presented in this paper. Too often rehabilitation professionals are not prepared to maneuver in the corporate environment and fail to address corporate concerns. In order to assess and learn to work with the "competing self-interests" within the work environment to maximize opportunities for employment for older disabled workers, rehabilitation professionals must be provided with training.

Specific content of training might include management theory and practice, human resource development, and marketing (of people and services). In addition, rehabilitation professionals need to be conversant with labor policies and their impact, laws related to older workers with and without disabilities, and disability policies. Counselors must be able to function in the business environment and be resources to employers coping with an aging work force.

Training should be developed on both the preservice and inservice levels. Rehabilitation counseling programs might offer postgraduate certificate programs as well as preservice Master's programs on the rehabilitation of older workers with disabilities in corporate environments. Such training programs are consistent with the national trend toward rehabilitation in business and industry settings.

-- BY PAMELA FINNERTY-FRIED

Implications for:

Policy/program--

Data show that a large percentage of older workers need to work because of the economy.

Training--

The aging workforce changes and work changes will demand significant orientation/training for rehabilitation workers.

Research--

All of the changing new dimensions imply the need for new research, but particularly regarding the kinds of impairments that will result from changed characteristics of both the workforce and the work environment.

Legislation--

Age discrimination that still exists suggests need for improved legislation or enforcement.

Issues that need further discussion:

Abundance of Workers--

This presentation does not account for the decreased number of workers that will be available prior to the increased numbers attributed to the baby boom. Rehabilitation should look more accurately at the characteristics of the "wave." There are also

vast numbers of workers leaving the workforce at this time due to closing down of industries, mergers, etc. Many of them may be disabled?

Characteristics of the workforce:

More discussion is needed regarding the changing characteristics of the workforce--yuppies, not so much interested in permanence, more interested in upward mobility, not so much interested in security, not planning for the future, not interested in service employment. These people will be the candidates for a different kind of rehabilitation in the near future because of the changes in the kinds of employment available--not heavy industry, not big factories, but, rather, service industries and routine office work. Our entire national production is moving from manufacturing to service, and is affecting workers of all ages now. The reference to younger workers prizing more social interaction, etc., is accurate.

There is reference to workers leaving early. I believe some data will show that industrial workers are leaving early when given the opportunity, as are middle management, but upper management is not so apt to leave early.

-- BY JIMMIE BALLANTYNE

This paper provides a dynamic conceptual framework for the development of policy and process dealing with an aging workforce and its implications for rehabilitation. What is most helpful is the concept and model for "disability management." The adoption of such a policy immediately brings to the forefront for all levels of management, both in the public and private sectors, a positive attitude towards rehabilitative services and a concept of restoration for those who wish to continue working. In defining a disability management policy, the author discusses the importance of prevention and restoration services with particular reference to including information about early detection and rehabilitation services in health promotion and education programs. This would need to be coupled with equal attention to the inclusion of a **health care benefit package** that offers rehabilitative services. This is equally important for the public entitlement programs. If rehabilitative services are not included in the benefit package then the disability management policy will fail. We need to ensure that eligibility requirements for such rehabilitative services do not present disincentives to the utilization of such services.

Such availability of coverage needs to be looked at, ensuring that disincentives for the utilization of rehabilitative services do not offer a barrier. The closing sentence, "that when competing forces are unleashed things can go wrong for the older worker," requires that all players in the scenario need to have access to accurate information, and the older worker needs to understand the forces that contribute to his/her ability as to how to seek appropriate remediation for functional limitations.

The most significant factor in the concept of "disability management" is the emphasis on **job retention.** What it does is promote continued employment for those who wish to continue working. When considered from the viewpoint of both society and employer, it protects against the high cost of retraining and job placement for those who have acquired skills, productivity levels and commitment to work. The concept, additionally, focuses on the need for adequate information to the medical profession or other health care professionals who, in truth, may be the key "gatekeepers" to the referral for rehabilitative services.

-- BY ARLENE R. GORDON

This paper brings to our attention the problems of the aging workforce due to the "paradoxes" which to me indicate the need for a mental health approach. The politics get down to "turf" issues concerning the public and private agencies including the Department of Rehabilitation Services, Department on Aging, Mental Health Department, Developmental Disabilities and others. They each have responsibility (turf) to help elderly people deal with the "paradoxes." Each also have knowledge, skills and experiences which can be brought to bear on the problems. The self-interest of each of these organizations, if coordinated in a concerned effort to address this matter, could help individuals who face these "paradoxes."

How to bring about this cooperative and coordinated effort is the problem we face.

-- BY YOJI OZAKI

Implications for Policy Legislation

Dr. Mitchell's convincing argument concerning the problem of older workers who become disabled has policy implications for the State-Federal rehabilitation program as well as other components of disability policy. But the target group, older workers, is not alone in the disability-work problem. The solution offered by Dr. Mitchell can actually serve as a solution to the problem of disability in the workplace without regard to the age of the worker. Any worker who suffers a debilitating disease or industrial injury may best be served by the disability management concept.

The Rehabilitation Act of 1973, as amended, is

explicit about state agencies developing relationships with community organizations and the private sector (Projects with Industry). State agency involvement with private sector disability management appears to be implied in the spirit of the Act, but specific policy on this method of responding to the problem of disability might be developed as the "supported employment" policy will be integrated into the Act by the 1986 amendments to the Vocational Rehabilitation Act.

Implications for Research

Empirical research needs to be conducted on the impact of the disability management model. The age of the disabled worker involved in the research might be an independent variable in studying the outcomes of the model. Research should be geared not only toward how the concept works, but how to deal with the politics of the groups involved, and the roles of those groups.

Implications for Service Delivery

The most important consideration in the disability management model for state rehabilitation agencies is how the role of rehabilitation counselors or other professionals, will fit into the model, or how the model relates to the existing counseling roles. Are specialized counselors required to handle the cases originating with employers who have disability management programs? What special skills are required to work in this setting versus a traditional counselor caseload? Does any task of the counselor distinguish his/her role in this concept.

-- BY EARL W. WOLFE

SUMMARY OF RECOMMENDATIONS

The following is a summary of the recommendations and implications for action developed by the Switzer Scholars as they related to the topics Chapters One and Two (the recorder was William Powaser).

1. **Recommendations/implications for policy, and program development:**

   That any national, state, or local policies and laws addressing aging, disability, or work which affect older workers with disabilities must address this specific population to ensure equal treatment and opportunity.

   That any national, state, or local policies and laws which affect disincentives to work be revised or replaced.

   That appropriate policy and legislation be enacted to foster flexible work options for older workers.

   That federal and state funding be "set aside" for services, research, and training for the employment of older persons with disabilities.

   That federal and state funding for services for older workers with disabilities include the stipulation that the utilization plan must require the coordination of services among relevant service delivery agencies and providers.

2. **Recommendations/implications for needed research:**

   That the causes and contributing factors for the relatively low numbers of persons with disabilities 45 years and older, receiving services and being rehabilitated by the state/federal rehabilitation program be systematically researched and identified.

   That research be conducted to find the causes, factors, and reasons which constitute the threshold at which persons with disabilities see themselves and/or become viewed as impaired.

   That the variables affecting decisions among the many pathways into and out of work be identified and reviewed for usage in practice and in training of professionals.

   That research be conducted to understand who chooses to work and who chooses not to work and why.

   That research and development be conducted to improve assessment and functional analysis tools and to generate predictive models based on the use of these tools.

   That the current literature of diverse studies, research, and opinions about older workers with disabilities be critically reviewed, digested, and disseminated.

   That collaborative and innovative models for service delivery to older workers with disabilities be developed (including cross-national programs and practices).

   That case studies, demonstration projects, comparative analysis, and other research be conducted to identify and assess the relative interplay and impacts of competing "self-interests" in the delivery and use of rehabilitation services among corporate, medical, rehabilitation professionals, and the impaired or disabled worker.

   That the impact of national economic policies, such as tax credits, income tax policies, minimum wage, etc., on older workers with disabilities be systematically analyzed and studied.

   That there be a systematic evaluation of na-

tional and state policies and programs to determine their effects on labor force participation.

That the relationships among work values, commitment to work, quality of work life, work satisfaction, and job retention be better researched and understood.

That research and demonstrations be conducted to determine the role and effective use of assistive devices to maximize productive capability in the context of assessing functional limitations.

3. **Recommendations/implications for training:**

That the general public be educated through the media and educational institutions in order to promote a general atmosphere of opportunity for older people with disabilities (including work/non-work and lifestyle choices).

That staff and service providers already in the service delivery network be more intensively educated on aging, discrimination, disability, and work issues.

That education and training be directed to corporate management on the issues of aging, discrimination, disability, and work.

That the professional training curriculum of rehabilitation practitioners, skill trainers, physicians, and other medically related professionals and social workers include course study on aging, disability, and work.

That older workers themselves receive education and training to deal with their own attitudes and prospects for aging, disability, and work.

4. **Recommendations/implications for any areas not categorized in above listing:**

That the recommendations above include the special concerns of women and minority groups.

That, as often before recommended, an effort be initiated to develop a common language and common definitions in these areas of concern.

1986 HOST: Someone has to host the Seminar. That was Cy Brickfield, center, and his AARP staff members. With him are Thomas Fleming, White House Office of Consumer Affairs, left, and Gary F. Austin, Chairperson.

THE STARTER: Olive Banister was as much responsible for originating this seminar than any other person. We thank her. She was a Scholar for the First Seminar in 1975 and the Third in 1978.

FRIENDS OF MARY: At the Sixth Seminar Edna Adler, a Scholar, visits with Boyce Williams, who worked for Switzer at RSA.

Rememberances

L. Robert McConnell
Ninth Seminar Scholar

Edna Szymanski
Ninth Seminar Scholar

Monroe Berkowitz
First Seminar Scholar

Janice Woodward
Ninth Seminar Scholar

Richard Melia
Ninth Seminar Scholar

Switzer Scholar Myers

Chapter Three

Challenges for the Older Worker In the Rehabilitation Process

By Jane E. Myers, Ph.D., CRC, NCC

The title of this paper presupposes at least three things, all of which are open to debate. To assure a common ground for discussion and alleviate the reader of having to make possibly difficult assumptions, these three components must be defined. Taken in reverse order, they are as follows:

(1) **The rehabilitation process** is adequately defined and familiar to the reader so that little or no explication is necessary. Briefly, this process is one in which persons having disabilities are helped to attain or regain the maximum functional independence and vocational, social, personal, and economic adjustment (often termed "usefulness") of which they are capable.

(2) **The older worker** is perhaps a less well-known term, and certainly one with a wide latitude for interpretation. Taking first the word "old", it rapidly becomes apparent that the meaning of the term depends on who is asked. Many people will indicate that old is a state of being, or a state of mind, or a time when one is infirm, lacking joie de vivre, et. Turning to government agencies for assistance only muddles the waters. The World Health Organization defines middle age as 45-59, elderly as 60-74, and aged as 75 and over (in Puner, 1974). The U.S. Administration on Aging defines old as age 60 plus, though having a spouse who meets the age criteria enables one to benefit from services and programs funded through this agency. The U.S. Social Security Administration has used age 65 as retirement age, with the stipulation that a person who has a disability can claim to be "old" and begin receiving benefits at age 62. The American Association for Retired Persons used to accept members only after they reached their 55th birthday, however, they recently lowered the "old age" criteria to age 50. College professors do not get old or need to retire until age 70, while airline pilots are mandatorily retired at age 60, and U.S. presidents and supreme court judges never get old, if mandatory retirement is a criterion. Gerontologists speak of the young-old (ages 65-74) and the old-old (ages 75 +). Seemingly of most relevance to this paper would be the Department of Labor classification of older workers - age 40 and above. Since rehabilitation professionals have traditionally dealt with clients who were "of working age", presumably meaning ages 16-64, for the purposes of this paper older workers will be those aged 65 and above.

(3) **Challenges** for this older worker are assumed to exist. Perhaps the number one challenge to the older worker is to be seen as a viable addition to the workforce. Beyond this fact, a number of other challenges exist and form the content of this paper. These include issues related to access to

rehabilitation services, barriers to services, and methods for overcoming existing barriers. In order to understand fully these issues, a brief overview of characteristics of older workers is in order.

Characteristics of Older Workers

The aging process is variously described and not well understood. It has been subdivided into primary aging, which is due to the passage of time, and secondary aging, which results from declines in functional efficiency due to trauma or chronic debilitation (Wolcott & Wheeler, 1971). There is some agreement that aging is universal, progressive, decremental, and intrinsic (Strehler, in Macione, 1981). The progressive losses of aging combine to make older persons more vulnerable to stress and infection and less resillent in combating disease (Jernigan, 1981).

Aging occurs at different rates for different aspects of functioning within any given individual. Biological aging refers to any physiological changes that occur in the organism, beginning at conception and continuing until death. Functional losses occur in all body systems and sensory modalities, affecting independent functioning in both physical and psychological modes. Psychological aging refers to changes in intelligence, personality, self-image, and ability to cope with stress and change. Fortunately, major personality characteristics remain stable into old age, in the absence of pathology. Social aging refers to the ways people are expected to act because they happen to be a certain age. This includes a variety of role expectations.

It is well known that changes in one aspect of functioning can have profound impacts on the other areas. In fact, one of the difficulties in working with older persons is related to this extreme interdependence of functions, in that minor changes in one area can result in rapid and severe degeneration in another. This is true for those persons who were disabled before growing older as well as for those who grew old and then became disabled. It is unclear which of the two types predominates, given the ambiguity of current disability statistics.

It is estimated that one third of all functionally disabled persons are age 65 and older (Rehab Group, 1979). Further, an estimated 85% of all older persons have one or more chronic physical disabilities that limit their performance of daily living activities (Trotman, 1982). Yet, less than five percent are institutionalized in long term care settings, and only 10-15% are largely homebound (Davis & Onyemelukwe, 1977). The major disabilities of aging are chronic and irreversible, and include arthritis, hypertension, hearing impairments, heart disease, arterioslerosis, visual impairment, and diabetes.

While all of these conditions contribute to functional impairments, few generalizations can be made regarding older workers. For most, decision time will be slower and reaction time is slower, but intelligence does not decline. Thus, more time may be needed to learn new tasks, but they are learned well. Chronological age is definitely an unreliable and arbitrary criterion for evaluating older workers.

Statistics on labor force participation are indicative of a desire to work on the part of many older persons. Common sense indicates that the benefits of work do not magically disappear when a person reaches their 65th birthday. Work serves economic, social, and psychological functions for individuals, regardless of age. The many intrinsic and extrinsic rewards provided by gainful employment point to the obvious conclusion that many older persons, given the opportunity, want to work. To the extent that they have disabilities, rehabilitation agencies would seem to have an obligation to assist them. Before examining the barriers that exist to employment of older workers, it may be helpful to review the history of access to rehabilitation services for this population.

Access to Rehabilitation Services for Older Workers

Rehabilitation services for older workers received national attention in the early 1950s, through a national conference held in Michigan as well as through efforts of the Office of Vocational Rehabilitation. In spite of this national attention, historically only the agencies providing services to persons with visual disabilities have emphasized serving older persons. Older people have a variety of impairments traditionally addressed by rehabilitation personnel, yet few rehabilitation services have been provided to them (Benedict & Ganikos, 1981).

This seeming paradox is answered with the argument that older clients are difficult to place and provide reduced cost-benefit ratios. Given the mandatory retirement policies in existence in this country, the useful working life of older clients is necessarily shorter; therefore it is more cost effective to utilize the resources of rehabilitation agencies to assist younger disabled persons. The extent to which older persons are served by rehabilitation agencies is made graphically clear by an analysis of the following data showing the percentages of state vocational rehabilitation agency clientele in various age groups (cited in Myers, 1983):

	1978	1979	1980	1981
Under Age 18	12.5	11.8	10.5	9.9
Ages 18-44	65.6	66.0	66.2	66.9
Ages 45-64	19.7	19.6	20.2	19.7
Ages 65+	2.2	2.5	3.0	3.6
Mean Age		32.6	33.3	33.5

Historically, the state federal rehabilitation system was initiated to provide **vocational rehabilitation.** Persons "of working age" were the targeted recipients, and working age was defined as the years between 16 and 64. Continued funding for rehabilitation services has been justified economically, as evidenced by the slogan "rehabilitation doesn't cost, it pays" (Conley, 1965). Program expansions between 1920 and the present have been targeted toward broadening the base of clients served based on type of disability, yet the age criterion has held. The 1978 amendments to the Rehabilitation Act, specifically the provisions for independent living rehabilitation, have raised the possibility of services for older individuals. Given the trend toward extending retirement age upward, and the desire of many older and disabled older persons to work, continuing to enforce the age criterion is becoming an arbitrary means of excluding older persons from the benefits of rehabilitation services and programs.

Aging, in and of itself, is not a disability. Therefore, to extend rehabilitation services to persons based on their being "old age" is inappropriate. The difficulty lies in the "working age" rather than disability criteria. Given the large percentage of older persons who are potentially eligible for rehabilitation services based on disability, and the desire of many for gainful employment, it seems appropriate to extend rehabilitation services to this population. Thus, an examination of the barriers facing older workers desiring rehabilitation is appropriate.

Barriers to Older Worker Rehabilitation

Barriers to rehabilitation of older workers may be discussed in terms of several variables. These include factors in the older clients themselves, employers, rehabilitation professionals, and "the system." Prevalent societal attitudes toward older persons underlie and impact each of these variables, and must be examined in order to understand fully the role each plays as a challenge for rehabilitation of older workers.

Attitudes Toward Older Persons

It is safe to say that attitudes toward older persons in our society are overwhelmingly negative. Similar in nature to racism, sexism, and handicapism, **ageism** represents a biased view of persons based on the criterion of chronological age, or visible factors associated with age (Butler & Lewis, 1983). It is a factor in social prejudice as well as a contributor to low self-esteem among older persons, who cannot help but internalize the negative societal perceptions to some extent. Ageism has been identified as one of the primary factors which mitigates against life satisfaction in the later years of life; thus it acts to prevent "successful aging." Social prejudices extend to employers, professionals, and ultimately to policy makers within "the system."

Some of the more prevalent and erroneous myths about older persons in general include the following (the truth of the matter is given in parentheses following each myth):

Intelligence declines with age. (It does not).

Sex is finished at 40. (It is not).

Menopause is traumatic and depressing. (It is not necessarily so).

A large proportion of older people live in nursing homes. (Only 4-5% do).

Senility is irreversible. (In many cases, early diagnosis and intervention can reverse symptoms of this disorder).

Older persons want to live with their adult children. (Most prefer not to do so).

Those older persons who believe these myths, and others described in the following sections, may find their lives and activities constricted as a result. Their problems are compounded by a situation termed "multiple jeopardy" (Vontress, 1976). Unfortunately, ageism is not the only prejudice which older persons must face. Those older people who are members of minority races are subject to the vicissitudes of racism as well as ageism. Those older persons who happen also to have disabilities are subject to the dual prejudices of ageism and handicapism. The rehabilitation profession has long dealt with the effects of handicapism; we should be somewhat prepared to deal with the effects of ageism.

Barriers to Rehabilitation - Older Persons

Some of the barriers to rehabilitation exist within older persons themselves. One has already been mentioned, that being the internalization of negative societal attitudes and prejudices. This internalization leads to low self-esteem and feelings of low self-worth. Older persons thus may develop

a view of themselves as incapable and undesirable, and hence fail to seek employment or present themselves in a negative light when they do so. Those older persons seeking employment may have been out of the labor force for some period of time. The process of seeking employment in a labor market that is not receptive to them can lead them to become discouraged, which will further contribute to low self-esteem and the development of a failure identity.

Skill obsolescence is a major concern with older workers. Retraining is a viable possibility, but attention must be given to the length of the training program. Moreover, many older workers have been away from school for a number of years. Their lack of comfort in educational environments, especially where they are in the company of younger persons having faster reaction times, can be a limiting factor in retraining efforts (Myers, 1980).

Barriers to Rehabilitation - Employers

Employer biases, discriminatory hiring practices, mandatory retirement policies, and health screening requirements provide a basis for some of the objections employers raise to hiring older workers. The same myths that serve to keep employers from hiring persons with disabilities are used to justify not employing older workers. These include the following (Riley, 1977):

Myth: Older workers are slow and cannot meet production requirements. **Fact:** There is no significant drop in either performance or productivity with age.

Myth: Older workers cannot meet the physical demands of jobs. **Fact:** Older persons are able to operate many labor saving machines without difficulty; in fact less than 14% of jobs require great physical strength.

Myth: Older workers are often absent from work. **Fact:** Older workers actually have good attendance records in comparison to persons of other ages.

Myth: Older workers are rigid, inflexible, and not adaptable to change. **Fact:** Many older persons are flexible in accepting change; adaptability depends on the individual and not on his or her age.

Myth: Hiring older workers increases pension and insurance costs. **Fact:** While small increases may occur, they are more than offset by the older worker's experience, lower turnover and absenteeism rates, and higher work quality.

Myth: Job performance and intellectual ability decline with age. **Fact:** Research has failed to substantiate this myth and contrary data are available.

Barriers to Rehabilitation - Professionals

Counselors and other rehabilitation professionals who ascribe to the myths noted above, and fail to recognize the potential inherent in older workers, themselves function as barriers to rehabilitation. Given a choice, professionals who maintain bias against older workers will choose, consciously or unconsciously, not to assist these persons. The reasons they give are irrelevant; the fact that they adhere to stereotypes and prejudicial views is not.

The attitudes of professionals toward older persons, including rehabilitation professionals, has been found generally to be negative. These negative attitudes begin with rehabilitation trainees (Rasch, Crystal & Thomas, 1977) and are prevalent among a broad range of service providers (Kilty & Feld, 1976). There is some evidence that attitudes differ between public and private sector employees, with the latter evidencing more favorable attitudes and more willingness to work with and on behalf of older workers (Bearden, 1985).

Barriers to Rehabilitation - "The System"

Realistic and widespread barriers to the rehabilitation of older workers do exist. These include barriers to full time employment and mandatory retirement policies. The Social Security ceiling on earnings is one such barrier. In 1980, persons aged 65 to 71 were allowed to earn only $5,000 per year in order to maintain full benefits. Beyond that amount, social security payments were reduced one dollar for every two dollars earned. Persons under age 65 were allowed to earn only $3,700 annually before benefits were affected.

Mandatory retirement policies vary across industries, with some being more lenient than others. Older workers often are forced to retire when they would prefer to remain in the work force. Correspondingly, many older workers are prohibited from entry or reentry into certain positions when they have exceeded the mandatory age limits.

Age discrimination in hiring practices is rampant, and federal legislation targeted toward removing bias "protects" only persons between the ages of 40 and 70. Though a necessary and important piece of legislation, the Age Discrimination in Employment Act protects few older persons, and none of them are in the old-old age group.

Policies affecting the employment of older workers arise from numerous and varied sources which often appear to be uncoordinated and operating in isolation. In effect, a major difficulty is the lack of a comprehensive national older worker policy (Batten, 1980). Some policies, notably early retirement options, function as disincentives to the

employment of older workers (Butler & Lewis, 1983). State employees compensation programs function as disincentives to employers by failing to furnish adequate protection for older workers (Berkowitz, 1975). The federal government serves as a model for private industry in failing to create multiple part-time jobs that are equivalent to existing full-time positions which could accomodate the needs of older workers.

Age criteria for eligibility for various services acts to restrict access to older workers in a number of areas where they could potentially benefit. The state-federal rehabilitation program is only one possible example. Even where some older persons could be served such as those aged 55-70, there is a tendency to focus on younger workers due to the cost-benefit possibilities for such individuals.

Overcoming Barriers to Rehabilitation of Older Workers

Overcoming barriers to the rehabilitation of older persons requires a multifaceted approach to deal with the multiplicity of factors involved. As was the case earlier in this paper, methods to overcome barriers may be discussed in terms of attitudes, older workers, employers, professionals, and "the system."

Overcoming Negative Attitudes Toward Older Workers

Overcoming negative attitudes toward any group of persons is anything but easy. Professional literature in a variety of fields includes research based and theoretical articles addressing this issue. There is general agreement that accurate information is the best technique, combined with first hand knowledge gained through exposure to individuals possessing positive attributes. The conclusion here is that negative attitudes toward older persons can potentially be overcome if older people, employers, policy makers and professionals are provided with accurate information about older workers and exposure to successful and productive older workers. This conclusion is both simplistic and naive.

Any successful effort to overcome negative attitudes toward older workers must entail overcoming the widespread negative attitudes toward older persons in general. These are perpetuated through multiple, complex, and interacting sources. Negative attitudes are evidenced through media and popular humor, as well as personal and professional interactions. The process of changing these attitudes is long term at best. There is a general need for accurate information about the aging process and characteristics of older persons, as well as increased numbers of role models of successful aging. As the numbers of older persons increase, the numbers of available role models should do so as well.

Overcoming Barriers to Rehabilitation - Older Persons

As the baby-boom, "me" generation ages, characteristics of older people may be subject to change. Based on a lifetime of assertive behavior in responding to their desires and needs, it can be projected that these persons will enter old age determined to get the most out of their later years. They will be more aggressive in making their needs known and less apt to settle for what is available to them in terms of housing, health care, employment, etc. Therefore, in the future some of the challenges now facing older workers may disappear as these persons themselves change our society and "the system."

In the meantime, it is possible to have an impact on older worker rehabilitation by addressing the barriers which face older disabled persons today. Intervention by counselors can be effective in helping overcome feelings of low self-worth engendered by internalization of negative stereotypes. Counselors and other rehabilitation professionals can assist older persons in developing job seeking skills through personal counseling, job seeking skills groups, and other methods traditionally used by professionals to help persons with disabilities.

Older disabled persons can overcome skill obsolescence through job retraining programs. Some such programs are funded by government agencies. Others may be available in public and private educational settings. With experience, older persons can become comfortable in educational settings and may be encouraged to seek continued learning opportunities. They may need to make lifestyle changes in order to take advantage of available training and employment options. Through counseling, combined with techniques such as job analyses, assessment of transferable skills, and needs assessments older disabled persons can be helped to see themselves and their potential for employment in an increasingly positive light. Improved attitudes toward their own potential will enhance their employment opportunities.

Overcoming Barriers to Rehabilitation - Employers

Education and advocacy efforts are necessary to help overcome employer bias toward older workers. While legislation can help, it is alone insufficient to promote hiring of older disabled persons. Employers need to become aware of the variety of assets that older workers have that can improve

their employment potential. These include factors such as: maturity, good judgement, greater variety of experience, higher work quality, reduced rates of absenteeism, lower turnover rates, possession of transferable skills, motivation for employment, and a strong work ethic.

Incentives for hiring older workers are available to encourage employers to utilize this population. These including monies for on the job training as well as tax incentives. Employers can be encouraged to take advantage of existing resources. Rehabilitation professionals traditionally have been the source for this encouragement to employ disabled persons. Professionals can use job and task analysis as a tool to help employers understand how one job can be subdivided to enhance the potential for part-time employment of older workers, while at the same time maximizing benefits to the employer and the industry.

Overcoming Barriers to Rehabilitation - Professionals

It will be impossible for rehabilitation professionals to advocate for the needs of older disabled persons if their own attitudes toward this population are negative. Some profession-wide reexamination of philosophy and goals would seem to be necessary, accompanied by the development of training programs to facilitate the rehabilitation of older disabled workers.

A first step would be to provide opportunities for professionals to examine their own attitudes toward older persons in general, and older disabled persons in particular. This self-awareness could serve as the basis for development of training programs to promote a positive view of the potential of older persons for rehabilitation. An important component of such training would be a review of basic rehabilitation philosophy, and some discussion of the arbitrariness of age criteria in relation to rehabilitation goals. A review of the rehabilitation process and how it can be applied to meet the needs of older disabled persons would be important.

Rehabilitation professionals need to reexamine the goals for rehabilitation and determine their relevance to the needs of older disabled persons. Each step of the rehabilitation process should be reviewed and a comparison made of the differences and similarities that exist when applying this process to disabled adults of all ages. Training programs for both in-service and pre-service can be developed from such an analysis.

Necessary knowledge for facilitating each step of the rehabilitation process for older disabled persons would be included in training programs. This would include information of the needs and characteristics of older persons and the aging process. The impact of aging on disability would be explored. The array of services and programs available to provide social support and needed services to older persons would be included as well.

Overcoming Barriers to Rehabilitation - The System

A multifaceted approach to older worker rehabilitation is needed, with coordination at the national level emanating from federal policy makers. In particular, a national policy on older workers seems to be needed. Such a policy would form the basis for policy making in each of the governmental agencies, and would provide guidelines for private industry to follow as well. Conflicting laws and regulations affecting older workers would be eliminated. A national policy would necessarily be followed by funding to a broad array of agencies to assure rapid and comprehensive implementation.

Along with this, a clear statement of rehabilitation involvement with older disabled persons should be developed and implemented. Rehabilitation legislation would need to be revised to address clearly the nature of rehabilitation services for the older population. Coordination between agencies providing similar services hopefully would follow.

Conclusion

The problems of older disabled persons are "national in scope and individual in impact" (Myers, 1984, p. 38). Attempts to meet their many needs must incorporate both national and individual efforts on the part of a broad array of persons and agencies. Lack of coordination among federal and other agencies has enabled rehabilitation professionals to, in effect, look the other way and avoid dealing with the concerns of this population. Such an approach is inconsistent with basic rehabilitation philosophy.

It is entirely inappropriate that up to one-third of all functionally disabled persons should be denied access to the benefits of rehabilitation services based on a criterion as arbitrary as chronological age. The time has come for yet another expansion in the base of eligible clientele for rehabilitation agencies. The inclusion of older disabled persons within the scope of rehabilitation efforts will provide an affirmation of our profession's concern for the needs of **all** disabled persons. If the goal of rehabilitation efforts is to enable disabled individuals with useful talents and skills to realize their optimum potential in all areas of life, then the exclusion of older

persons from rehabilitation services is, simply put, no longer an acceptable or viable option.

□

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Excerpts of Reviews and Comments

The following are excerpts of reviews, comments, and recommendations made by the Switzer Scholars. These are presented to further stimulate thinking, discussion and action as they related to the content of Chapter Three by Jane E. Myers.

The concern regarding barriers is legitimate and well taken in the sense of attitudes. First, the stereotypes of the older worker are real barriers. The more important factor, I believe, are the attitudes that older people have of themselves. This is changing as older people age and a major concern because **work** defines ones identity in society. The aging process changes the self-concept in general, but specifically in one's productive role in society.

The rehabilitation professional must be concerned with maintaining a positive identity for the individual who is developing an identity (housewife) or in helping to structure a new role for an individual who cannot continue in the same job or profession.

-- BY YOJI OZAKI

Dr. Myers refers to the importance of societal attitudes and the attitudes of rehabilitation professionals as barriers to the rehabilitation of older persons with disabilities. Research comparing means of effecting change in attitudes does not yield clear and sure direction for the best methods. There does seem to be some agreement that contact with older persons (and/or disabled persons) can effect change in attitudes, but such experiences must be carefully arranged and monitored. For example, it is believed that there is a relationship between the self-acceptance of a disabled individual and the type of attitude that contact with him or her will produce. Continued research on the relationship between attitudes and self-acceptance is warranted. In addition, research is needed on attitudes toward older persons and disabled persons and the relationship between the two.

This paper also has a number of implications for training. In order for the rehabilitation counselor to work effectively with older persons with disabilities, it is essential that he or she have knowledge and skills in **both rehabilitation and aging.** One particularly important area is how the aging process can have impact on both disabilities and the process of rehabilitating persons who have them. Not all of these influences involve decrements. For example, an individual with a long history of schizophrenia may have less florid symptoms as he or she grows older and be able to function more effectively. Working with older persons with disabilities is an exciting, complex, and challenging endeavor and requires careful preparation. Most preservice programs do not require aging content, and I would recommend that some knowledge of older persons with disabilities be incorporated into all Federally funded programs. I do not feel that an entire course is feasible for all programs as there is much competition for course content. I would, however, recommend infusion of

content into several areas: medical aspects, psychosocial, placement, and assessment courses. In addition, I would recommend that inservice training be made available to practicing rehabilitation professionals within state agency and private settings.

-- BY PAMELA FINNERTY-FRIED

Implications for Policy/Program:

National Policy and new legislation is required for Federal Agencies; e.g., overlap of Federal Grants with inconsistencies in age requirements resolved.

An updated Rehabilitation Services Administration Manual and Guidelines for delivery of services to older recipients is needed.

Training:

A revised curriculum in Rehabilitation Counselor Training Programs. The NCRE (National Council on Rehabilitation Education) should be involved, emphasizing job-seeking skills assisted by personal counseling.

Research:

Research is necessary that addresses barriers to employment which exist for older persons.

Legislation:

A complete re-examination is needed of current existing Federal legislation in Social Security, Social and Rehabilitation Services, the Administration on Aging and the Department of Labor. The elimination of the lack of coordination between Federal Agencies would be a positive step as well as the establishment of a National Task Force to review these issues for needed action.

Comment:

Dr. Myers has outlined the challenges that face the rehabilitation community at the national, state and local level. We must work together to eliminate existing barriers (architectural and discriminatory) and utilize the tremendous wealth of knowledge and expertise available to this nation in the current older population.

-- BY JIMMIE BALLANTYNE

Dr. Myers observations concerning attitudinal barriers to employment faced by older workers are particularly cogent. As she explained, they can be at least partially overcome by direct contact with older persons in the work place. It seems that there are currently three trends among major employers which will promote the employment of older persons with physical limitations.

A. There is a fairly recent trend to replace full-time employees with part-time employees. Even through this tendency is usually motivated by the desire to reduce fringe benefit costs, it provides opportunities for older workers to maintain productivity by engaging in part-time employment.

B. The rapidity of technological change means that more and more workers of all ages will have to be retrained. As this trend continues, it will become less extraordinary for an employer to retrain older workers who are physically unable to perform their former jobs.

C. The down-sizing of many industries in various parts of the country has been particularly hard on the older worker who was often forced into early retirement. However, there is an increasing trend for employers to offer the option of outplacement services. This means that the older workers who is not willing to retire can receive professional assistance in finding a new job. Hopefully, these outplacement services will expand to those older workers who become disabled and are unable to continue employment with their previous employer.

-- BY EDWARD J. HESTER

This paper presents an excellent overview and analysis of the problems of aging. It restricts its discussion to the older workers over 65 who have been retired from the workforce.

The paper discusses the need for training of rehabilitation personnel, the inclusion of gerontological information in both pre-service and in-service education, and a re-examination of rehabilitation goals and process.

The paper calls for a national policy that permits the continued employment of the older worker. This would be critical to the points raised. The recent revocation of a mandatory retirement age has not responded to this need. There are a number of systems and agencies ranging from rehabilitation services to the more widely-known entitlement programs such as Medicare, Medicaid, medical services, Veterans Administration; all with varying criteria and eligibility and availability of rehabilitative services.

To implement a national policy that would guarantee access to the range of health care and rehabilitative services requires an examination of existing systems and structures and their eligibility/access criteria. Such a re-examination may enable us to reallocate existing resources without necessarily increasing expenditures.

-- BY ARLENE R. GORDON

SUMMARY OF RECOMMENDATIONS

The following is a summary of the recommendations and implications for action developed by the Switzer Scholars as they related to the topic of Chapter Three (the recorder was Patricia "Pat" Mundt).

Policy and Program Recommendations

1. Develop a standardized set of definitions for older worker, disability and work, i.e., one that would be useful to all concerned with this population.
2. Eliminate fragmentation in programs serving the target population by creating a task force to review older worker and rehabilitation programs and assign oversight function to be determined by a coordinating body.
3. Re-examine goal(s) of existing rehabilitation efforts towards older workers with a disability.
4. Define eligibility for rehabilitation services in functional terms without regard to age.
5. Eliminate the mandatory retirement age.
6. Persons delivering services should meet professional certification standards, e.g., Rehabilitation Counselors should be certified (C.R.C.).
7. Develop resource materials to assist employers in addressing issues of disability management to include criteria for jobs, functional assessment of individuals, job analysis and modification, early intervention and prevention.
8. Encourage the development of support systems and linkages between existing resources to strengthen opportunities for overcoming barriers to minorities in maximizing their potential in gaining and retaining employment.
9. Encourage the continued development of displaced worker programs at community, state and national levels.
10. Reconceptualize the outcome criteria for determing the success of rehabilitation programs and services.

Service Delivery Recommendations

1. Encourage the development of a community entity that would pool employer resources for assisting displaced worker activities to include vocational adjustment counseling, job training and retraining, job analysis and modification and other activities that would foster the full employment of displaced individuals.
2. Assure that available findings of Rehabilitation Research and Training Centers (which are funded by the National Institute on Disability and Rehabilitation Research) are integrated into service delivery at the local level.
3. Rehabilitation professionals should develop and provide a service to employers on the prevention of disability and the retention of older persons with disabilities in employment.

Training Recommendations

1. Teach rehabilitation professionals appropriate presentation skills to enhance their ability to provide training/consultation to employers.
2. Encourage organizations such as the National Rehabilitation Association (NRA) and the American Association of Retired Persons (AARP) to sponsor workshops on disability and aging at national, regional, state and local meetings and conferences.
3. Develop preservice and inservice interdisciplinary curriculums for professionals in aging, rehabilitation, medicine, business, etc.
4. Incorporate training on aging and disability into junior and senior high schools, senior citizen centers, etc.
5. Encourage business and industry to look to the older workers' experience for training the younger disabled worker.

Research Recommendations

1. Research the measurement of outcomes in terms of functional criteria and it's use in program evaluation of disabled older persons.
2. There is a need to research programs and other avenues for re-employment of displaced workers.
3. Research the impact of the aging process on disability and vice versa.

Legislation Recommendations

1. Advocate for legislation to provide training grants to universities for professional preparation programs in the rehabilitation of the older worker.
2. Advocate for legislation to ban mandatory retirement.
3. Develop legislation that guarantees inclusion of rehabilitation services in health care systems and insurance programs regardless of age, disability or employment status.
4. Develop legislation to provide rehabilitation services insurance availability to small employers (similar to programs backed by government securities found in the Pension Benefits Guarantee Corporation).

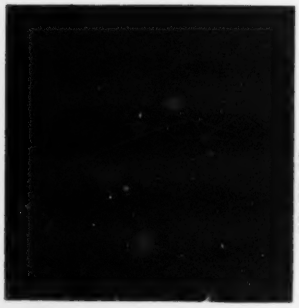
WHITE HOUSE SUPPORT: Virginia Knauer, one of two White House representatives who annually supports the Switzer Seminar in a visible way, chats with Dr. Leonard Perlman, left, the Seminar Coordinator, and Donald Davis, a 1986 Scholar, at the Eleventh Seminar reception.

Rememberances

SESSION WORK: 1986 Scholars Jimmy Ballantyne, Edward Hester and Donald Davis are intent listeners

Joseph Hunt
First Seminar Scholar

MARY'S FRIENDS: Dr. James Semans, a Ninth Seminar Scholar and long time friend of Mary Switzer, poses with Dr. Howard A Rusk, one of the great moving forces in rehabilitation along with Mary.



Switzer
Scholar
Smith

Chapter Four

Aging and Employment: Guides for the Rehabilitation Counselor and Employer

By S. Mae Smith, Ed.D.

Older persons, older disabled persons, and older disabled persons seeking employment all have been significantly underutilized and have been significantly underserved by social service delivery systems and social service personnel. Rehabilitation services and rehabilitation personnel have participated in and perpetuated underutilization by a **failure to advocate** for the rights and needs of older disabled persons. This lack of advocacy for disabled older Americans by rehabilitation professionals is in contrast to basic principles and philosophy upon which the rehabilitation field was founded.

The rehabilitation services least utilized by older disabled persons have been those services designed to assist disabled persons with employment concerns. This underutilization of rehabilitation services by older disabled persons seeking employment is likely to result partially from attitudes of rehabilitation professionals regarding the acceptability of older disabled persons as clients. Rehabilitation counselors may discount the viability of work for the older disabled persons and may reject the identification of the older disabled persons as a possibly relevant, eligible and feasible rehabilitation client.

There is no client population which more appropriately encompasses the true meaning and philosophy of rehabilitation and is in more need of rehabilitation services than disabled older persons seeking employment. The 1980's have brought new opportunities for rehabilitation professionals to attend to the needs and concerns of older disabled persons and to re-evaluate their appropriateness as a rehabilitation client population. As they are assisted in developing improved understandings of the older disabled worker, rehabilitation counselors and employers are likely to be more inclined to view older disabled persons as viable, eligible and feasible rehabilitation clients and as possibly excellent candidates for employment.

This chapter is designed to assist rehabilitation counselors and employers in developing a perspective on rehabilitation potential and employability of older disabled persons. Four primary areas will be addressed:

What has happened and is happening in regard to the rehabilitation field and the disabled older worker?

What are factors in understanding older persons who were disabled prior to old age?

What are factors in understanding the person who became disabled in old age and who is seeking employment?

What might be helpful to consider in a rehabilitation process resulting in employment of an older disabled person?

Rehabilitation, Past and Present, and the Disabled Older Worker

Rehabilitation philosophy and dynamics of aging interface to form a perfect match. Yet the older disabled person has not been adequately served in rehabilitation programs. The 1980's show promising prospects for realization of the true potential of the disabled older person by rehabilitation programs and professionals.

The "Perfect Match" Between Rehabilitation Philosophy and Dynamics of Aging

Rehabilitation philosophy and the dynamics of aging interface in an exceptionally compatible manner. In philosophical orientation rehabilitation counselors are exceptionally prepared to work with older persons.

1. The rehabilitation counselor blends three areas of thought: the medical resources focusing on disability and restorative services, the vocational guidance model providing direction for vocational choice and decision-making, and the mental health model addressing personal and social adjustment (Williamson, 1965; Wright, 1980). This particular combination of disciplines is especially appropriate in working with older persons who, with increased effects of aging, are likely to experience a complex interplay of physical, psychosocial and functional limitations (Andres, Bierman and Hazzard 1985; Butler and Lewis, 1982). The particular combination of disciplinary backgrounds of the rehabilitation counselor allows responsiveness to and awareness of the complexity of physical and sensory changes; of the psychosocial stigma associated with aging and with chronic conditions (Lyons, 1984); and of the vulnerability to functional limitations created by decreased reserved capacity and decreased support systems.
2. The rehabilitation counselor is uniquely prepared to promote the dignity, worth and rights of persons in diminished positions. The rehabilitation counselor possesses skills to advocate for the rights of all persons to be treated equally, equitably and without prejudice. The abilities of the rehabilitation counselor to advocate for a position of dignity and equality in employment, in training and in service allocation and to assist the older disabled person in regaining a sense of control of his/her life can be invaluable. The older disabled person is in a significantly diminished position. He/she is often overwhelmed in coping with the stigma of age (Goffman, 1963; Butler and Lewis, 1982), with the physical and psychosocial dynamics of loss and decline which accompany natural aging (Dorpat, Anderson and Ripley, 1968), and with the implications of additional disability related losses (Batchelor, 1955; Maris, 1969; Sainsbury, 1955). Thus, feelings of hopelessness and loss of control may predominate (Lyons, 1984).
3. The rehabilitation counselor is uniquely prepared to provide an individualized approach to the total person in a manner which retains functioning and assists in maintaining an independent and contributing life style (Wright, 1980). As they age, people become increasingly individualized and complex (Butler and Lewis, 1982). Additionally, symptom presentation changes with aging so that the usual diagnostic signs and symptoms used to determine physical or psychological problems differ with older persons (Andres, Bierman and Hazzard, 1985; Butler and Lewis, 1982) and may be quite unique. In the same manner that severely or multiply disabled persons require a highly individualized and total rehabilitation approach, so do older disabled persons. In addition to application of an individualized total approach, of significance is the rehabilitation counselor's ability to assist with what are usually primary concerns of the older person - to maintain independence and to perform meaningful activity (Conners, Powers, and Bultena; 1979).

Thus, rehabilitation philosophy embraces the very essence of the nature of the aging process.

If the Match is "Perfect" Why Hasn't the Marriage Happened?

In view of the compatibility between rehabilitation philosophy and the dynamics of aging and later-life disability, the extent to which indirect discrimination against older persons has existed within the rehabilitation field is striking. The passage of the Age Discrimination Act of 1975 as an Amendment to the Older Americans Act required that Federally funded programs be studied to determine if age discrimination were present (Bauer, 1979). One of the ten federal programs which was evaluated was the Vocational Rehabilitation Services program. The Commission conducting the study found age discriminatory practices

in all of the ten federal programs studied and made the following statement regarding Vocational Rehabilitation Services (Bauer, 1979, p. 176f):

Commission staff reviewed data on the age distribution of those participating in the Vocational Rehabilitation program whose cases were closed in Fiscal Years 1974 and 1976. Data for both years indicates [sic] that more than half of all clients are under 30. Less than ten percent are 55 or older; less than five percent are 60 or over, and no more than two percent are 65 and over.

If age were not a factor in the ability of a disabled person to participate in the VR program, client data by age should correspond with the age distribution of the disabled population. A comparison of 1972 Social Security disability data and the VR data shows that the proportion of the disabled and severely disabled population increases with age but that the proportion of VR clients declines by age. The data demonstrated that those under 45 make up a larger proportion of the VR caseload than they represent in the disabled or severely disabled populations. Those 45 or over are consistently underrepresented, with the disparities increasing by successive age group.

If older disabled persons do appropriately interface as a client population with rehabilitation philosophy, why have they been inadequately served? Some considerations follow:

1. The nature of prejudice and discrimination is that it so often is elusive - becoming aware that it exists may be quite difficult. The rehabilitation field has placed itself in a position of being responsible for enormous needs of a wide variety of populations and of opposing societal attitudes, when necessary, to meet those needs. Rehabilitation has focused on an enormous array of target concerns at different times (Brody, 1984-1985). In the 1940's it focused on congenital disabilities, poliomyelitis and disabilities acquired in war including spinal cord injury. In the 1950's and 1960's target concerns included industrial trauma, concerns over vocational outcomes and reducing the social cost of dependency. Target concerns subsequently moved to the developmentally disabled, the severely disabled and the need for society to realize its responsibility to the disabled. While living such a dynamic and broadly based history, there simply may not have been time to reflect and to determine that the aged were underserved.
2. Many rehabilitation professionals do not realize that the Rehabilitation Act of 1973 **does not** specify either a lower or an upper age limit for clients receiving services (Wright, 1980; Myers, 1985). Any limitations on ages served are arbitrary and established by rehabilitation personnel. Arbitrary age limits are discriminatory and antithetical to a fundamental principle upon which rehabilitation was founded - namely, that **every** human being has intrinsic value (Wright, 1980).
3. Older persons are sometimes viewed as not feasible for rehabilitation services - as unable to benefit from services. In a similar manner, older persons are sometimes inappropriately viewed as being only appropriate for independent living services and not appropriate for employment services (Bozarth, 1981). In fact, even if particular persons are not employable, older disabled persons may still be eligible for independent living services and, thus, could legitimately benefit from rehabilitation. However, older persons have been repeatedly shown to benefit from an enormous array of services, including employment services (Senior Citizens, Inc. (1959); Murrel, Norris and Hutchins, 1984). In economics alone, the cost benefit to society in assisting an older person to be employed or in promoting independent living services for older persons and thus preventing placement in an extended care facility can be tremendous (Nowak, 1983).
4. Some persons consider older disabled persons ineligible for services because "they are adequately served elsewhere." This is not true. While the Older Americans Act of 1965 is designed to promote independence and prevent or postpone institutionalization, it is primarily designed to serve well elderly and is in no way a replacement for rehabilitation services (Sink and Craft, 1981; Brody, 1984-1985; National Council on The Aging, Inc., 1984b). One of the functions of rehabilitation is to assist disabled persons in effectively utilizing services available and are vulnerable to severe discrimination in allocation of services or in society at large. A few of the many services which have been documented as being available to but underutilized by Older Americans include: community mental health special services for older adults (Butler and Lewis, 1982); the Comprehensive Employment Training Act (CETA) funds targeted for older persons (National Council on The Aging, Inc., 1984a; **Aging and Work,** 1980); and the United States Employment Service representative in each office to assist older persons (Doctors, Shkop, Denning and Doctors, 1980). In addition,

negative attitudes toward older persons have been found in: the general population (White House Conference on Aging, 1981), social workers (Dunkle, 1984), employers and co-workers (Kasschau, 1976), federal policymakers and administrators (Bauer, 1979); professional counselors (Benedict and Ganikos, 1981; Woodard and Rollin, 1981; Engram, 1981), vocational rehabilitation counselors (Burdman, 1974; Rasch, Crystal and Thomas, 1977; Fish and Smith, 1983), undergraduates (Knox, Gekoski and Johnson, 1986), workers at senior centers (National Institute of Senior Centers, 1980), persons associated with homes for the aged (Kosberg and Gorman, 1975), and medical professionals (Butler and Lewis, 1982).

5. The need for and pressures toward specialization in rehabilitation have increased (Wright, 1980). A problem inherent in both the horizontal and vertical specializations existent in rehabilitation is the potential loss of perspective on the whole person or whole process continuity (DiMichael, 1967; Wright, 1980). Thus, with increased pressures toward specialization the risk of omission of services to a rehabilitation population is increased.
6. Rehabilitation professionals are aware of the research on attitudes of nondisabled persons toward the disabled (Wright, 1980; Fish and Smith, 1983; Goffman, 1963). The older person, however, may evoke within us a more fundamentally personal and powerful response than does the disabled person (Kastenbaum, 1982). The image of the older person is the image of our own future. "The image of the aged person burns itself into our awareness as manifestation of almost all that we dread: wrinkles, falterings, sensory deficits, aches and pains, unemployment, uselessness, out-of-dateness, financial woes, and the ever-lengthening shadow of death" (Kastenbaum, 1982, p. 309). The image may be so frightening that rejection of the image and of the older person occurs. Kastenbaum refers to this as the rejection of "that person within us."
7. A related type of response accepts one's own future as an older persons but denies the discomfort of aging. This results in the common image of the older person that has been created in American society: that of a highly active, happy young-old retiree who is not disabled and who has earned the right to bask in leisure (W.E. Upjohn Institute for Employment Research, 1973). Kastenbaum (1982) postulates that if younger Americans do encompass an identity with the aged, the most likely identity is with this image of the healthy leisure-oriented young-old person who is nondisabled, who does not wish to work and who is trouble free. That older person, of course, would not be appropriate for rehabilitation services.
8. Rehabilitation training programs and rehabilitation services have seldom created quality contact between the rehabilitation student and older persons. At least one study has indicated that positive and accurate perceptions of the aged are promoted by increased amount of and quality of contact with older persons (Knox, Gekoski, Johnson, 1986). Without such contact, rehabilitation professionals are left to their own interpretations about the nature of the older client. The W.E. Upjohn Institute for Employment Research (1973) has indicated that left to their own devices some persons view the older person in a "sick role" which is associated with total hopelessness and dismalness. This image also is not likely to yield a view of the older person as being rehabilitation material.
9. One view of older persons seeking employment has been that of an underserving competitor for a limited number of jobs. Thus, older workers are sometimes viewed as threats. This tendency increases when unemployment rates rise (W.E. Upjohn Institute for Employment Research, 1973) and was the main reason for the retention of mandatory retirement. This value toward decreasing competition in the job market by controlling eligibility to economic benefits of work for certain people is the same type of reasoning that was given in attempt to retain lower wages and decreased employment opportunities for women (Abramovitz, 1984); as a reason not to abolish slavery; as a rationale for retention of free child labor. In fact, the 1981 White House Conference on Aging concluded that there would be a vertical labor shortage in the U.S. between 1990 and 2005 that could be assisted by use of older workers. Both the National Council on Aging, Inc., (NCOA) (White House Conference on Aging, 1981) and the International Labor Office (ILO) (**Aging and Work,** 1980) decided in that time period to advocate for the elimination of mandatory retirement practices. Their position was not designed to limit the rights

of persons to retire but to preserve the rights of persons to retain employment.

10. A tendency exists in American society in general to ignore the aged and avoid focusing on the aged. According to Toffler (1970), with the Industrial Revolution in the U.S. came an emphasis upon novelty, change, consumption; thus, a "throw-away" culture developed. Dependency upon the knowledge and skills of the past was not needed or wanted. As a consequence, the aged - "the living repositories of the past" (W.E. Upjohn Institute for Employment Research, 1973, p. 67) - became an embodiment of what was to be "thrown-away."

Numerous reasons exist to explain the reluctance to serve or the omission of services to the older disabled person seeking employment by rehabilitation programs. Awareness of these dynamics may serve to reduce such effects in the future.

The "Coming of and to Age" of Rehabilitation

Even though both past and present data reflect underutilization of rehabilitation services by older disabled persons, rehabilitation professionals have begun to show awareness of and concern about that underutilization. In reflecting upon the history of rehabilitation and its current trends, Brody (1984-1985, p. 5) concluded, "Rehabilitation, in a sense, has come of and to age." Evidences of increased interest in an acceptability of aging concerns in the rehabilitation field predominate. A few of those recent events include: the special issue of **Rehabilitation WORLD** on "aging" in 1984-1985, the special issue of the **Journal of Rehabilitation** on "Total Rehabilitation of the Aged" in 1981; the special issue of the **Rehabilitation Counseling Bulletin** in 1985 on "Transition and Disability over the Life Span." In similar manner rehabilitation conferences and training are increasingly likely to include issues related to old age.

Numerous factors exist which could have assisted in creating an impetus for rehabilitation to come "to" age. A few of those possible influences are listed below:

1. The emphasis on the severely disabled and independent living in the 1973 Rehabilitation Act and the 1978 Amendments.
2. The publicity regarding aging and Alzheimer's disease combined with the attention given to aging by having a U.S. President who is of retirement age.
3. The increased interest in aging and older workers shown by business (Anderson, 1981). One reason for this may be that in 1982 an estimated 60-80% of senior management positions were filled by persons aged 45-60 (Cronin, 1982).
4. Pressure created by the deinstitutionalization movement to develop rehabilitation programming in the community for populations who otherwise would probably have remained in institutions. Thus, significant interest has arisen among rehabilitation personnel (Janicki and Wisniewski, 1985; Smith and Overbeck, 1985a), among nursing home personnel (Overbeck and Smith, 1983a; Smith and Overbeck, 1985c), and among employees of community aging programs (Smith and Overbeck, 1985b) regarding programming for persons who were disabled earlier in life and are now reaching senior citizen status.
5. The pressing concern in personal injury and industrial injury situations regarding projection of lifetime lost earnings (Wanner and McDonald, 1983; Gamboa, 1986a and b; McManus, 1978). This concern, of course, requires that disability be conceptualized across the life span and that issues like length of possible work life and age of retirement be considered.
6. The enactment of the Diagnostic Related Groupings (DRG) structure has, in fact, probably done the most to impact upon rehabilitation services of anything in the 1980's. Since Rehabilitation Units in hospitals are exempt from the stringent time limitations in hospital stays that exist under the DRG structure for other sections of the hospital, the Rehabilitation Unit has become a popular placement for chronic, multiple, or long-term diagnoses. Thus, Rehabilitation Units in hospital settings have grown voluminously in the last two years. A major effect has been that patients who were viewed by physicians as not being candidates for rehabilitation services are often now referred for evaluation. They are, often, able to benefit from rehabilitation services. A high percentage of these persons are aged. Thus some Rehabilitation Units report that 50% of their patients now are over age 65 (Brody, 1984-1985). One such Unit reported that twelve years ago about 20-30% of its patients were over age 65, now 70% of its patients are over age 65 (Staveley, 1986). As high utilization of inpatient rehabilitation services occurs, demands of post-hospitalization community-based services increases.
7. The National Institute on Handicapped Research was designated in 1978 as the

primary agency responsible for addressing research to determine needs of older persons who are disabled (Walders, 1981). Thus, in 1980, two Research and Training Centers were established to focus on rehabilitation and aging - one at the University of Pennsylvania and the other at Rancho Los Amigos Hospital in collaboration with Ethel Percy Andrus Gerontology Center (Myers, 1981). These R&T Centers are productive symbols of what can be learned regarding aging and disability and of the need for specialized attention to this population.

8. The 1971 White House Conference on Aging (1971a and b) did not formally request input on vocational rehabilitation considerations. The Rehabilitation Services Administration in response established a conference attended by 100 vocational rehabilitation leaders and submitted a "Vocational and Rehabilitation Report regarding the Physical and Vocational Rehabilitation of Older People" in a Special Concerns Session at the White House Conference. This was undoubtedly a consciousness raising experience for both rehabilitation and aging personnel. Recommendations for the Federal and State Rehabilitation Agencies made by the 100 leaders in vocational rehabilitation (selected by Rehabilitation Services Administration) were (White House Conference on Aging, 1971, p. 16):

   > Take leadership in developing services of older disabled persons, preferably through specially designated organizational sections or divisions.
   >
   > Earmark special funds for the aging.
   >
   > Be strengthened, in general, in funding, programming, and administration.
   >
   > Assign responsibility for programs for the older disabled person to special personnel.
   >
   > Stipulate clearly that age, per se, is not a disqualification for entry into vocational rehabilitation service.

9. The increasing age of rehabilitation professionals is of note. Since the legislation to create training monies for rehabilitation professionals was enacted in 1954 (Wright, 1980), programs in rehabilitation counseling flourished in the late 1950's and early 1960's. Persons who were trained then in those programs as rehabilitation counselors and persons who taught then in those programs are now reaching ages at which they are likely to have older disabled parents and/or are likely to be concerned about their own retirement issues. Thus, their personal receptivity to dealing with issues of aging may have increased.
10. An increased interest in worker retention has stimulated investigation of characteristics related to retention and disability, including age. The work of the Research and Training Center on Preventing Disability Dependence at the Menninger Foundation has contributed significantly to our knowledge base regarding retention considerations for older workers (Hester and Faenien, 1985).

Now that rehabilitation is demonstrating increasing receptivity to consideration of the older disabled client, information about that client needs to be communicated.

Understanding Persons Who Were Disabled Prior to Old Age

Part of understanding the vast complexity that the older disabled person may present to rehabilitation is the realization that mere use of the term "older disabled person" is the embodiment of two quite distinct populations: the disabled person who becomes old and the old person who becomes disabled. A growing body of literature on psychosocial aspects of disability exists to indicate that life experience differs for persons who are disabled (Wright, 1980). Thus, the person who progresses through the life span with a disability must be different from the person who acquires disability only in the later years.

One consequence of the ability to extend survival longer is not only that disabled persons have increased ability to thrive in infancy but also that persons who became disabled early in life have increased opportunity to reach old age. Characteristics of this population of disabled persons who survive to reach old age are virtually unknown at present. Although attempts are being made to expand our knowledge base to a workable level (Janicke, 1985; Kemp and Kleinplatz, 1985; Overbeck and Smith, 1983a), at present working with this population largely requires creative application of information about aging and about disability (Smith and Overbeck, 1985a, b, c).

Several considerations in working with disabled people who reach old age will be discussed. They include: impact of earlier limitations, differences in rate of aging, effects of rehabilitative methods or treatment procedures, adjustment to disability, and relationship of earlier disability to additional later disability.

Impact of Earlier Limitations

Persons as they age utilize past resources to assist in adapting to and compensating for aging changes (Birren and Schaie, 1985). Often this compensation occurs naturally and gradually over a period of time, possibly without the older person even realizing that an adaptation is being made. Thus, the aging person may gradually have adopted a stance with feet planted solidly and further apart to compensate for some decrease in balance, proprioception, vision, coordination, or a combination of losses. Or the older person may have adopted a new habit of looking at his/her hands when placing objects or reaching for objects to compensate for decrease in coordination, in kinesthetic sense, and/or in touch sensation. For such transitions to be natural requires that the person is able to note a prior problem (consciously or unconsciously), is able to decide upon an adaptation and is able to make the adaptation without assistance. The disabled person who ages may or may not have the required abilities to complete this process without assistance.

The examples above focused on physical activities. However, this principle applies to any area of life in which resources available to a nondisabled person adapting to aging changes are not available to a person with a prior handicap, e.g., financial, social, past learning and experience, emotional reserves. Thus, aging changes for the previously disabled may have compound or geometric effect and are in many instances likely to require provision of services.

In addition, McDaniel (1976) indicates that part of the relationship between aging and disability factors is a developmental one. Normal developmental processes over the life-span interface both with effects of the disability and with the effects of aging to create overall adjustment. To determine what developmental effects are resultant of early acquired disability is difficult. One situation which has arisen with older mentally retarded persons is the need to teach them the meaning of their own age-related changes such as gray hair or the meaning of stopping work and retiring (Lipe-Goodson and Boebel, 1983). The extent to which developmental processes may be interrupted by early disability and the long-term effects of such interruptions is presently unclear.

Differences in Rate of Aging or Physical Decline

Aging is a process that occurs over time and is universal, progressive, detrimental and intrinsic (Strehler, 1962). Aging, however, may occur at different rates for particular individuals or for particular organ systems of those individuals (Kaplan, 1955; Martin, 1977; Primrose, 1966; Elam and Blumenthal, 1970). These different rates may be resultant of disability or influenced by the presence of chronic disability related factors. "Early aging" is a term that has been used to describe what is thought to be the effects of a rate of aging that is increased in comparison with that of most humans. "Early aging" has been associated with various types of disease processes such as myxedema (untreated) (Hylbert, 1976) and with various developmental disabilities, including mental retardation (Kaplan, 1955; Martin, 1977; Primrose, 1966, Elam and Blumenthal, 1970). Thus, clients with certain diagnoses may have functional ages (Salthouse, 1986) which are substantially more advanced than their chronological ages. Altering age ranges used to qualify for services in programs for older persons may be appropriate for persons whose disabilities are associated with "early aging" or for persons for whom the interaction of disability related functioning and normal aging processes result in significant decreases in functional age.

Effects of Rehabilitative Methods or Treatment Procedures

The person working with disabled persons over the life span may wish to be alert to treatments and rehabilitation measures which, in fact, with continued use may have resulted in or may result in an increased rate of deterioration of physical functioning (Silverstein, 1969). An area of which many counselors may be aware is the possible effects of long-term drug treatments (Hylbert, 1976) from using drugs which do result in physical deteriorative side-effects, e.g., dilatin in treating epilepsy or steriods prescribed for arthritis or other chronic conditions. While the drug prescribed may be the most appropriate medical treatment available for the person, the subsequent concommitant deterioration certainly needs to be addressed in rehabilitation planning and in considerations of functioning as the person ages (Calkins, Davis and Ford, 1986).

Rehabilitation counselors and employers may be less aware of the possible deleterious effects of some other rehabilitation procedures. One example is the long-term damage done to teeth as a result of using teeth to grasp things that teeth were not designed to grasp (Tilman, 1985). Another example is the possible deleterious effects of over-use or inappropriate use of various muscle groups and joints to compensate for lost functioning (Lewis, 1979; Mort, 1985). In setting up work stations and work tasks and in constructing independent living techniques and recreation/sports activities for a disabled person, care and consideration needs to be given

not only to optimizing present and near future functioning but also to maximizing functional capacity throughout the life-span. At times decisions may be made to decrease present degree of functioning in order to preserve long-term residual abilities.

Adjustment to Disability

Older persons tend to maintain the same personalities as when they were young (Birren and Schaie, 1985). Persons disabled early in life have significant experience to draw upon to assist them in adjusting to further limitations resultant of aging and of the interaction between their aging process and disability factors (Baum, Deckel and Galdel, 1982; Bauman and Yoder, 1966). Some research has indicated that blind persons tend to maintain the same type of adjustment at least over a 15-year period (Bauman and Yoder, 1966). That the disabled person who becomes older and loses additional functioning would be emotionally equipped to deal with the new limitations and would deal with them in the same way as he/she did in the past is a common assumption. While such a positive and comfortable adjustment may occur, it may not. An example is Mr. S.

Mr. S. incurred a spinal cord injury in World War II. Not only did he manage to physically survive - which was not necessarily probable during that period of time - but he became determined to lead a "normal" life. He acquired full-time employment, maintained a good relationship with his wife and successfully reared children. He worked full-time for one employer until he was eligible for early retirement after 30 years. At that point he retired so that he could open a half-time consulting business doing a type of work that he had been looking forward to for some time. Throughout his career Mr. S. had traveled extensively and became nationally known in his field. While he felt his wheelchair was an aggravation, he never felt prohibited from accomplishing anything that was important to him. If he felt angry regarding some aspect of his disability he used that anger to help him confront the problem and find a way around it. Mr. S. was happy. He appeared to be exemplary of positive adjustment to disability.

Mr. S. ran his consulting business for approximately four years. The first year went quite well. However, over the next three years, Mr. S. experienced significant decrease in energy level with substantial increases in self-care needs related to some muscle deterioration and to increased bowel and bladder routines. While a wide array of approaches were tried to assist him in functioning at his maximum, Mr. S. finally determined that he must close the consulting business.

Mr. S. felt betrayed. Even though he had retired once, he was not yet 60 years old. He had planned on being able to run his consulting business for at least 10 more years. After all he had always managed to thwart the effects of his disability; to maintain "normalcy"; to run his life in a way that he could meet his needs.

After selling the consulting business, his life style became one of staying at home spending about half of his time each day in what he felt were boring personal care activities; about a fourth of his day resting because he tired so easily; and about a fourth of the day in some sedentary activity that he liked to do. As the months and years passed he continued to feel bored, angry, isolated, and to resent his loss of former activities and contact with people.

In the case of Mr. S., with the increased limitations and second retirement, he confronted some aspects of disability which were new to him. The combined effects of aging and disability may present new problems, may require new coping mechanisms, and may trigger previously suppressed reactions to prior disability limitations. While the disabled person experiencing effects of aging would appear likely to respond to limitations in a way that is similar to past responses, various aspects relevant to the new adjustment may be unknown to others and a similarity of adjustment should never be assumed.

A second type of situation in which early adjustment may differ from that in old age is one in which the disabled person with a hidden disability is no longer able to mask the disability due to some phenomena related to aging. An example is the case of Mrs. R.

Mrs. R. remained in her home alone for two years after her husband died. She then experienced a fall and sustained a hip fracture. She was hospitalized for several weeks. While hospitalized, her daughter and hospital personnel regularly observed her crying in her room. She received counseling. Although counseling and psychology services attempted to deal with adjustment to disability and possible unresolved grief, Mrs. R. continued to cry and to be embarrassed about any discussion of the crying behavior.

Mrs. R. returned home with nursing aide and therapy services during the day, and with her daughter spending the nights and weekends

with her during the recuperation period. Her daughter sought psychology services because her mother continued to have weekly crying spells in which she would cry for hours and refused to discuss her feelings.

When Mrs. R. met with the psychologist she admitted that she had been trying to hide her crying as much as possible. It was of great concern to her that with the nurse's aide, therapist or her daughter almost always present she had no privacy. She was very concerned about others seeing her cry. With further exploration Mrs. R. indicated that since childhood it had been normal for her to cry for hours at a time - usually about two days a week. As a child she had been told that she was "crazy" and would be taken away if she continued such behavior. Since that time, she had very carefully managed so that she could have plenty of regular time alone so that she would not be observed crying.

She was not 65 and believed that since her childhood no one had found out about her crying until the hospitalization. She was horrified that now everyone knew.

Mrs. R. had lived with an enormous sense of stigma (Goffman, 1963) throughout her life. In many ways the older person who becomes disabled may lose privacy and control to the point that he/she can no longer hide the most vulnerable and private parts of themselves or to prevent others from discovering their secrets.

An additional aspect of adjustment to disability is the degree of somatic preoccupation or exaggerated concern about bodily sensations which exists. Studies have indicated that older amputees have higher levels of somatic preoccupation than younger amputees (Weiss, 1961). This higher somatic preoccupation for 56-75 year olds was associated with lowered pain thresholds (McDaniel, 1976), marked passivity and greater restriction (Weiss, 1961).

Higher levels of somatic preoccupation have also been shown to be related to less careful disease management and to the presence of increased complications for diabetics who were diagnosed 25 years previously (Murawski, Chazan, Baladimos and Ryan, 1970; McDaniel, 1970). Higher levels of somatic preoccupation have been associated with less successful rehabilitation from myocardial infarction while lower levels of somatic preoccupation were associated with more successful rehabilitation.

Relationship of Earlier Disability to Additional Later Disability

The relationship between the occurrence of a particular disability earlier in life and subsequent later disabilities has significant implications for client life-style planning and, at times, for employment considerations for the aging person. Most rehabilitation counselors will be aware of the potential for persons with a primary diagnosis of certain primary disabilities to develop secondary disabilities. Thus, with a primary diagnosis of diabetes mellitus, secondary disabilities of diabetic retinopathy, amputation, or renal difficulty may surface in later years (Hylbert, 1976). Often such physical changes result in significant changes in employment and independent living considerations for the older person.

Other connections between earlier occurrence of disabling conditions and acquisition of another disability later in life are less clear. The connection between Alzheimer's Disease and Down's Syndrome is well documented but exactly why the relationship exists is unclear. Senile plaques, neurofibrially changes and granulovacular degeneration have been almost universally observed in autopsy of brains of persons with Down's Syndrome who were over 40 years of age (Burger & Vogel, 1973; Dalton, Crapper, & Schlotterer, 1974a and b; Ellis, McCulloch & Corley, 1972 and 1974). While many behavioral symptoms of Alzheimer's Disease have not been noted in Down's Syndrome individuals, a predictable personality change and regression in functioning in adulthood often have been observed by family members, employers and rehabilitation personnel. It has been concluded that the level of cognitive functioning by persons with Down's Syndrome often masks the clinical symptoms of Alzheimer's Disease until the condition is advanced and the deterioration severe. Thus, it is believed that only advanced Alzheimer's symptoms present behaviorally in Down's Syndrome individuals.

As more research is conducted with persons who become disabled early in life and have reached old age innumerable associations between disabilities may be discovered. The vocational rehabilitation counselor working with persons with disabilities will need to attend to results of such research connections to determine subsequent implications for appropriate services to and life planning with disabled persons who are reaching mid or later life.

Thus, persons who were disabled prior to old age may differ from persons who acquire disability in old age by impact of earlier limitations, through differences in rate of aging, by effects of rehabilitative methods or treatment procedures, in adjustment to disability and through relationship of earlier disability to additional later disability.

Understanding the Older Disabled Person Seeking Employment

The older person who has become disabled and is seeking employment will share in varying degrees the psychological, physical, social, economic and historical qualities that are characteristic of his/her age group. A number of these factors have been discussed in previous chapters of this monograph. For other general overviews of these characteristics the reader may consult the 1981 issue of the **Journal of Rehabilitation** or the chapter by Jane Myers (1985) in the **Annual Review of Rehabilitation, Volume 4** on "Rehabilitation of Older Persons: The State of the Art."

Other information relevant to developing a perspective on possible characteristics of older persons who become disabled and who seek employment will be discussed in the following pages. Sections which follow include: the meaning of work for many of our current older Americans, resource material on older workers and older women/older men.

Meaning of Work For Our Current Older Americans

Part of understanding older Americans is understanding the values and experiences which provide a foundation for their present functioning. An important consideration for any disabled older person seeking employment is that person's orientation toward the meaning of work.

Scientists have been unable to distinguish all the characteristics that distinguish man and animal (W.E. Upjohn Institute for Employment Research, 1973) but one characteristic which has been determined to be most distinctive of man is work. Work not only provides necessities to sustain life but it also provides social outlets, identity, status, activity stimulation (physical or cognitive) and a focus for time utilization (Neff, 1985). The belief that work was a religious duty and that idleness opened the pathway to licentiousness and sin began with monastic orders centuries ago but became a central part of the Calvinistic movement and the foundation for American values.

> From the beginnings of colonial America, work has been persistently glorified as something intrinsically good in itself... The abundance of open land, the extreme scarcity of labor, the early preoccupation with manufacturing and trade, combined with the general antiaristocratic opinion that many settlers brought with them - all these factors very early established North America as the land where the path to success and security was through hard work... Except for the slave-owning areas of the American South, no country has been so work-oriented as the United States. Although the idea that work is a virtue was brought to the New World from Europe, the special conditions of life in the United States greatly accentuated it and gave it a special quality. (Neff, 1985, p. 38).

Thus, many older Americans have strong commitments to the innate value of work and associate personal worth with the ability to contribute to society or to earn a living. Idleness is devalued. Thus, many older Americans prefer to work.

The cases of Mr. Q. and of Mr. and Mrs. P. demonstrate this preference for work activity.

> Throughout his life Mr. Q. worked for private employers as a chauffeur and a mechanic. He, thus, receives no retirement but does draw social security benefits. At age 84 Mr. Q. has a substantial hearing loss. Although he no longer drives, he always has one or two cars at his home upon which he is performing regular servicing or doing minor repairs. The money from his mechanic work supplements his income; allows him to take the piano lessons that he has always wanted to take; and allows him to pay his own way to participate one day a week in a day care program for disabled older adults. Mr. Q. reports high levels of life satisfaction.
>
> Mr. and Mrs. P. are now 93 and 92 years old respectively. They each work part-time compiling library materials and organizing a newsletter for a salary as part of a subsidized employment program for the elderly. Mr. P. retired years ago and, while his retirement income appeared adequate at that time, in today's economy it seems small. They usually save the money from their part-time work for an emergency. In addition, they use part of it on occasion to pay transportation for one of their great-grandchildren from out of state to come visit them. They both enjoy their jobs and are pleased that they are able to accomplish something that they value in their work. They agree that they would each be very uncomfortable if they didn't work - what would they do with all that time on their hands?

In addition to beliefs regarding the value of work, usually older Americans have been exposed to associative beliefs regarding the value of thrift, diligence, and the capacity for deferring gratification (W.E. Upjohn Institute for Employment Research, 1973). Many immigrants and pioneers accepted hard times as natural; "deprivation, suffer-

ing, and risk could be tolerated to some extent both because these were commonplace and to be expected and because these experiences could be part of the down payment toward a better life" (Kastenbaum, 1982, p. 313). For many of our current older Americans, survival of the Depression and endurance through the World Wars encouraged belief in the value of sustaining through the very difficult time with the expectation of moving toward a better life (W.E. Upjohn Institute for Employment Research, 1973). An accompanying value which became common in the Depression and World Wars was the positiveness attributed to being able to survive adversity and tolerate pain without complaint (Kastenbaum, 1982).

In the early and middle stages of the Industrial Revolution, work involved heavy, physical labor plus a long workday and a long workweek (W.E. Upjohn Institute for Employment Research, 1973). A humanitarian response to that situation was to develop retirement systems and social security. These were designed to protect the older worker from this continued heavy labor. Social Security also emphasized the deservedness of the older worker. The older worker had labored hard and long and in later years deserved to have a comfortable life. Thus, from several perspectives, the older person was taught to believe that sacrifice, facing adversity, working long and hard now would pay off in a better life later. Many of our current older Americans have this viewpoint and expect this better life in retirement. Older Americans who experience disability in later life sometimes view this as betrayal. They deferred benefits until later; this is later; and when later becomes daily living with financial difficulties and/or disability and limitations, they are understandably angry. The case of Mrs. X. is one example of this dynamic.

> Mrs. X. has had diabetes mellitus for the last 25 years. She had a below the knee amputation of her left leg five years ago after cutting her lower leg while mowing the lawn. The cut became infected and did not heal. Mrs. X. uses a prosthesis. She has been quite careful and has had no problems in using the prosthesis or with other side-effects of the diabetes. After Mrs. X. graduated from high school, she worked for two years as a secretary. This was before 1935 so she never paid social security. She then married and has not worked since. Mrs. X.'s husband died six months ago and she has recently settled the estate. Mr. X. had been a retired federal employee. As such, when working he never paid social security. After his death Mrs. X. discovered that Mr. X. had never signed the necessary forms that would enable her to continue drawing money from his retirement plan after he died. Mrs. X., unexpectedly, has no income. Her home is paid for and after paying her husband's medical bills she has a small amount of money in the bank. Mrs. X. has decided she needs to go back to work to support herself and would like to find a pleasant environment in which to work. Mrs. X. is quite angry about her loss of retirement income and her need to work. She worked hard during her life and thinks that certainly she has earned relief from the struggle and retirement.

A special consideration for the older person is the relationship between work and play and leisure. Work is viewed as purposive activity designed to accomplish something and is associated with meaning. Play is frivolous, purposeless behavior that, by definition, accomplishes nothing and has no meaning. To many older persons the term "leisure" or "leisure counseling" (Loesch, 1981) evokes connotations of play. The older person with a strong orientation toward work may devalue anything associated with play and thus devalue leisure counseling. In seeking work many older Americans are seeking meaningful activity. When assisted in exploring their needs, older people seeking employment sometimes decide that while they do wish to be involved in meaningful activity, they really are not interested in employment (Smith and Golden, 1982).

Resource Information on Older Workers

Rehabilitation counselors and employers may benefit from exploring resource information on older workers. However, interpreting the literature on older workers may be somewhat confusing since, the term "older worker" has been so variously defined. Many studies on older workers have focused on persons between ages 40 and 64. Applicability of those results to workers over age 65 is questionable. The age span of 40 to 64 was consistent with the Age Discrimination In Employment Act (ADEA) which was passed in 1967 (**Aging and Work,** 1981; Doering, Rhodes and Schuster, 1983). The purpose of ADEA was to counteract the effects of widespread practices in limiting employment opportunities of persons aged 40 and older. With ADEA, persons aged 40 to 64 were specifically protected against discrimination by employers, employment agencies and labor unions. When the mandatory retirement age was changed from age 65 to age 70 the coverage of ADEA was similarly extended. The law protects all Federal employees over 40 years of age; employees 40 to 70 years of age in private organizations employing 20 or more

workers; and employees in state and local government positions (Bauer, 1979).

Doering, Rhodes and Schuster (1983) give an extensive account of studies conducted on older workers. Of the 477 studies reported only 67 indicated that they include any subject over age 65. Of these, 33 focused on retirement and 17 related to accidents. The rehabilitation counselor and employer may find a review of the Doering, Rhodes and Schuster publication interesting and informative.

The rehabilitation counselor and employer may benefit from contact with resources in the aging community. The local Area Agency on Aging may provide resource information regarding services to older workers. Also, of interest may be the National Association of Older Worker Employment Services (NAOWES) and the National Voluntary Organizations for Independent Living for the Aging (NVOILA). These are divisions of the National Council on the Aging, Inc. (NCOA) and may provide valuable resource information (National Council on the Aging, Inc., 1984a and b). The Department of Labor (DOL) periodically issues a pamphlet suitable for employers on myths regarding older workers and advantages of hiring the older worker.

Some publications which may be helpful to rehabilitation counselors and employers are listed below (for complete references see Reference List):

"Rehabilitation of Older Workers" by Jane Myers, August 1983 **Rehab Brief.**

The Older Worker: Statistical Reports on Older Americans, October 1984 from the Administration on Aging.

"Workers Over 50: Old Myths, New Realities" (1985) from the American Association of Retired Persons.

Older Workers and Retirement (1978) by Rhine.

Adjusting to An Older Work Force (1983) by Copperman and Keast.

The Economics of Aging (1985) by Schulz.

Age, Health, and Employment (1986) by Birren, Robinson and Livingston.

Vanished Dreams: Age Discrimination and the Older Woman Worker (1980) from the National Association of Office Workers.

An excellent overview of issues and considerations can be found in "Rehabilitation of Older Persons: The State of the Art" in the **Annual Review of Rehabilitation, Volume 4** (1985) by Jane Myers.

Older Women/Older Men

In considering factors related to aging, to disability, and to employment, rehabilitation counselors and employers may wish to consider similarities and differences in older women and older men. Women have a longer life expectancy than men (Department of Health, Education and Welfare, 1980). Since additionally, they usually marry men older than themselves, they have increased probability as they age of becoming a caregiver for a disabled or chronically ill spouse. Older women have four times the likelihood of being widowed as do older men (McKeever and Martinson, 1986). According to McKeever and Martinson (1986, p. 34), "It is useful to view older women within a framework of stress and coping... The prejudices of ageism and sexism serve to increase the vulnerability to stress and to make management of stress more difficult." Of the 5% of the elderly who live in institutions, 74 percent are women. Of older women in the U.S. in 1981, 42.4 percent lived alone while 15 percent of older men lived alone.

While older men have higher rates of fatal disease, older women have higher rates of chronic disease (McKeever and Martinson, 1986). Older women have a higher tendency to report somatic complaints but are less likely to seek medical assistance for myocardial infarction than are older men. Physical problems more common among older women than among older men include strokes, visual impairment, asthma, mental and nervous conditions, diabetes and obesity.

While, until age 80, osteoporosis is more common for older women than for older men, after age 80 the incidence is about equal for both sexes (McKeever and Martinson, 1986). About one-fourth of older women experience a fracture within 10 years after menopause. Hip fractures commonly occur in older women and this risk steadily increases after age 60.

While chronic heart disease is more common in young and middle aged men than in age-similar women, the incidence for the two sexes equalizes later in life (Haynes and Feinleib, 1980). Coronary heart disease is a serious threat to black women after age 45 and to white women after 55 years old.

From 10 to 43 percent of elderly in the community and from 36 to 50 percent of elderly in institutions experience incontinence (Massachusetts General Hospital, 1986). Many of these are women. Many older people limit activity outside of the home or cease employment as a result of incontinence. With the exception of motor vehicle accidents, death rates of women from accidents increases with advancing age (**Metropolitan Life,** 1982). While most accidents for older people occur in the home, both work and home environments need to be structured so as to decrease accident risk.

Older women are less likely than older men to be or to have been employed (McKeever and Mar-

tinson, 1986). Thus, they are less likely to be eligible for social security, retirement and/or insurance benefits. If women worked they normally received lower salaries than men and subsequently have less retirement benefits. Older women report more difficulty with maintaining role boundaries than older men report and, thus, more frequently report being concerned about work responsibilities while at home and being concerned about home responsibilities while at work (Zapport and Weinstein, 1985).

Significant differences have been reported between younger men and women on job tension, coping strategies, role conflict and health status. There are some indications that this may be true for older women and older men as well (Breed and Huffine, 1979; Lyons, 1984). Older women are involved in volunteer activities more frequently than older men - 22 percent and 2-4 percent respectively (McKeever and Martinson, 1986). Women who work as university professors have the longest life span of any sex/occupational group (**Metropolitan Life,** 1980). However, older women are often viewed as not being candidates for employment. According to Pursell and Torrence (1980, p. 121), "Of the 186 citations in Sheppard's **Employment Related Problems of Older Workers,** five refer directly to the older female's employment problems."

Women over age 45, in comparison with women under age 45, tend to be unemployed twice as long (Pursell and Torrence, 1980). Women over age 45 use only 2-3 search methods in seeking jobs while women under 45 average 11. Older females tend to experience more difficulty in obtaining employment than do older males and/or younger females. Primary reasons for this discrepancy include: less likely to have completed high school; tentativeness in job search and job interview behaviors; and decreased self-esteem.

Older men who have difficulty in job placement tend to have high expectations, to overestimate salary potential, and to seek a level of status similar to that of previous employment (Smith and Golden, 1982). While older women may have difficulty in job seeking because of lack of a high school degree, older men tend to have adequate educational backgrounds for the jobs for which they are applying.

In contrast to older women, older men may report increased needs for emotional intimacy as they age (Butler and Lewis, 1982). Older men tend to have less strategies for emotional coping than do older women and, especially if without emotional support systems, may become particularly vulnerable to depression (Lyons, 1984). The greatest suicide risk for any age, race, sex combination in the U.S. is white men over 80 years old (Butler and Lewis, 1982; Lyons, 1984). This risk increases if the male is widowed. In bereavement for the death of a spouse, women are more likely to use anti-anxiety medication through the life span to be characteristically different for males than for females would seem natural (Sheehy, 1976), our present theories do not allow for such a difference. Of importance in dealing with employment, aging and disability issues with older persons is that while each may benefit from assistance, older women and older men may differ in problems and concerns, in background, and in type of supportive assistance that is needed. The reader should take note that the above information neglects discussion of cultural factors for older male and older female workers. The influence of cultural factors on older disabled workers may be of significance and certainly deserves study in future research.

What Might Be Helpful to Consider in a Rehabilitation Process Resulting in Employment of an Older Disabled Person?

Since older disabled persons may seek employment and may be suitable for rehabilitation services, an exploration of considerations in serving them through the rehabilitation process is warranted. After developing a perspective upon the disabled person who becomes old and seeks employment and the older person who becomes disabled and seeks employment, application of this perspective to the rehabilitation process yields some information regarding structing that process to best serve this particular client population.

Evaluation to determine employment or independent living considerations for an older disabled person should optimally include the following components: a thorough history; medical evaluation; psychological evaluation; functional behavior analysis, including support system evaluation; and, as appropriate, vocational evaluation.

In order to effectively elicit and understand the special aspects of assessment with older persons, rehabilitation counselors may at times wish to refer to resource information. Some relatively readable and commonly used assessment resources are listed below. Information about special aspects of medical assessment with older persons is available in terms of: general physical functioning, (Calkins, Davis and Ford, 1986; Andres, Bierman and Hazzard, 1985; Kane and Kane, 1981; Metropolitan Life, 1982; nursing (Burnside, 1976; Smith and Overbeck, 1983; Futrell, Brovader, McKinnen-Mullett and Brower, 1980; Thatcher, 1983;

Schirmer, 1983); podiatry (Chung, 1983); physical therapy (Jackson, 1983); occupational therapy (Lewis, 1979); nutrition (Exton-Smith and Caird, 1980; Weg, 1978; Roe, 1984); speech therapy (Schen, Christensen, Hutchinson, and Nerbonne, 1978); clinical pharmacology (Roe, 1984); dentistry (Wycoff and Epstein, 1984); sensory impairment (Sullivan, 1983; Hinchcliffe, 1983; Horso, 1981; Thatcher, 1983; Swanson, 1984). Additional resource information is available to assist with assessing emotional and intellectual aspects of psychological functioning of disabled older persons (Butler and Lewis, 1982; Rothschild, 1984; Aronson and Katzman, 1982; Bireen and Schale, 1984; Elder Abuse: A Special Report, 1984; Sanders and Plummer, 1983; de Rotrou, Lafitte, and Lafitte, 1986).

The conjoint transdisciplinary team is a very specialized team structure and approach which has proven to be quite successful in working with severely disabled and multiple handicapped populations (Overbeck, 1986, 1983, 1980, 1978; Overbeck and Smith, 1981, 1985a, b, and c) and is particularly applicable to working with older disabled persons.

Older persons continue to learn (Labouvie-Vief, 1985; Schuman, Beattie, Steed, Merry and Kraus, 1981; **Gerontology and Geriatrics Education Journal,** 1983-86) and may substantially benefit from training and education programs (Rusalem and Rusalem, 1981; Cleugh, 1970; Rusalem, 1980; Willis, 1985). Instruction should allow for individual pacing, and practice trials since this is the structure within which older persons usually show the best performance and highest acquisition of learning material.

Older disabled persons, just as younger disabled persons, may benefit from a wide variety of treatment and therapy options. Thus, older disabled persons may show significant gains through occupational therapy, physical therapy, speech and language therapy, cognitive retraining, rehabilitation teaching, and orientation and mobility training.

The primary support system for the older person is the family (Butler and Lewis, 1982). As such, the rehabilitation counselor may wish to make an analysis of types of support supplied to the older disabled person and of how best to assist the family in the rehabilitation process.

Some types of environmental stress which have been associated with decreased health and which may be relevant to vocational placement with older disabled persons include: crowding, noise, temperature and air pollution (Baum, Deckel and Gatchel, 1982). Forssman (1986) suggested that preventive measures for common problems of the elderly worker be instituted in work adjustment and occupational placement.

Older disabled people may significantly benefit from placement services. Such placement services may include assistance in job seeking and in selecting an employment option that will allow for successful job maintenance and adaptation to life stress. The older disabled person will benefit from a placement directed toward "total rehabilitation" considerations.

Summary

Older persons, older disabled persons, and older disabled persons seeking employment all have been significantly underserved by social service delivery systems and by social service personnel. The rehabilitation services least utilized by older disabled persons have been those services designed to asist disabled persons with employment concerns. Part of understanding the vast complexity that the older disabled person may present to rehabilitation is the realization that mere use of the term "older disabled person" is the embodiment of two quite distinct populations: the disabled persons who becomes old and the old person who becomes disabled. Several considerations in working with persons who are disabled and become old include: impact of earlier limitations, differences in rate of aging, effects of rehabilitative methods or treatment procedures, adjustment to disability, and relationship of earlier disability to additional later disability.

The older person who has become disabled and is seeking employment will share in varying degrees the psychological, physical, social, economic and historical qualities that are characteristic of his/her age group. Some considerations in working with older persons who become disabled include the meaning of work for our current older Americans, characteristics of older workers, and relevant male-female difference.

Information regarding older disabled persons who seek employment can be interwoven into the rehabilitation process to aid in appropriate development of rehabilitation plans, and in evaluation, placement and treatment during the rehabilitation process.

There is no client population which more appropriately encompasses the true meaning and philosophy of rehabilitation and is in more need of rehabilitation services than disabled older persons seeking employment. The 1980's have brought new opportunities for rehabilitation professionals to attend to the needs and concerns of older disabled persons, including employment. In serving older disabled persons, rehabilitation professionals are

adhering to the basic philosophical intent of their profession to advocate for the worth of every human being and for that person's right to an improved quality of life and to be a contributing member of society.

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Excerpts of Reviews and Comments

The following are excerpts of reviews, comments, and recommendations made by the Switzer Scholars. These are presented to further stimulate thinking, discussion and action as they related to the content of Chapter Four by S. Mae Smith.

This is a most comprehensive and interesting paper by a highly regarded rehabilitation professional. Dr. Smith in her manuscript has outlined the four primary areas addressing the rehabilitation potential and employability of older disabled persons.

The monograph brings to the surface the myriad of Federal programs that have an impact on the lives of older disabled Americans.

It is essential that in the Rehabilitation Counselor Training programs throughout this country we must emphasize the importance of implementing legislations that can be utilized in the **delivery of rehabilitation services to older disabled.** In particular the comparitively new Independent Living Program, Title VII, Parts A, B and C of the Rehabilitation Act of 1973 (as amended).

It must also be stressed to rehabilitation professionals the importance of treating every older client who seeks assistance with dignity, personal attention and respect.

Disabled older persons after the required training will face many problems in adjusting to the world of work. They must be assisted and encouraged **throughout the transition period** as they strive for pride and independence.

Dr. Smith has provided an excellent and most thorough overview of the issues of rehabilitation, aging and employment perspectives and has surfaced several concerns and issues that stimulated discussion at the seminar.

-- BY JIMMY BALLANTYNE

This paper offers a comprehensive review of employment and rehabilitation of the older worker. Several points in Dr. Smith's paper stimulate further thought and elaboration. Dr. Smith points out that older persons both underutilize services available and are **vulnerable to discrimination** in allocation of services. This may be true of medical services in particular. As persons become older the chance of developing serious acute illness or chronic conditions which become progressively disabling increase. Many of the disabling effects of conditions such as cancer, cardiac problems or stroke can be prevented with early identification and intervention. In many instances chronic conditions can be controlled and disabling effects delayed with adequate treatment. Yet, the older worker may not have access to regular screening programs, or may be reluctant to seek care for what they consider minor symptoms. Thus they may not receive early care for conditions so that disabling effects may be prevented or delayed. Likewise, health professionals may not have been trained in a prevention oriented model. Consequently, even if the older worker receives a medical evaluation, focus may be on treating symptoms as they occur rather than taking necessary steps to prevent potential problems from occuring. Occurance of disease may be accepted as a normal part of the aging process rather than something which could be actively prevented. Active promotion of prevention and screening programs in the corporate as well as general community could have great impact on continued employment of the older worker.

Dr. Smith also points out that **some health care providers are uncomfortable** in working with older persons thus interpersonal biases may interfere with accurate assessment. To take the point a step further, health care providers, even when comfortable in working with older persons may still not be trained in assessment of the older individual according to their special needs, and may not know how to carry out assessment to meet these needs. Optimally, health professionals conducting evaluation of the older worker should have knowledge of and experience in working with older persons so special needs can be identified and addressed.

-- BY DONNA FALVO

This paper is filled with content related to training concerns, and I will begin my comments with the area of assessment. Rehabilitation counselors currently are not prepared to **adapt the assessment process** to the needs of older persons. Knowledge of the physical, social and psychological aspects of aging is needed in order to accurately assess client

needs and plan client services. Knowledge of specific characteristics of the cohort of persons currently in the upper age ranges also is needed in order to appropriately adapt the interviewing process used in assessing client assets and limitations.

Psychologists and physicians who see our older clients also need to be alerted to the specific needs and characteristics of this population, and I would recommend training of all service providers in aging conent. Panel physicians and other service providers with a specialization in gerontology might be identified and utilized. The rehabilitation counselor working with older clients is responsible for ensuring that his or her clients are receiving services, whether restoration or training, which maximize the assets the individual brings to the process. The counselor may be in the position of training the trainer or service provider in a local program in that aging content which is necessary to work most effectively with the client in question.

-- BY PAMELA FINNERTY-FRIED

The excellent discussion about the differences between the aging who become disabled and the disabled who are aging should be helpful in both the pre-service and in-service training of rehabilitation personnel. What may be important in the assessment process for disabled persons who are aging is an assessment of their past utilization of the formal support structure and the role that their families and friends (informal supports) played in their lives. Such information would be helpful in understanding the respective role that each system plays and what resources need to be allocated for the formal support system. Those who were disabled early and used a combination of formal and informal support structures and made a positive adjustment to their disability may have a more positive attitude toward reaching out in later life when, and if, encountering impairments of aging.

Gerontological literature indicates that only a small percentage of older people are comfortable in utilizing the formal systems except if forced by a life crisis and/or in the absence of informal support. The majority of Americans have traditionally relied on informal supports. This has to be assessed with the aging who incur disability or functional limitations. The concept of a continuum of care may be helpful in this process. At different points in one's life one may use different combinations of formal and informal supports.

-- BY ARLENE R. GORDON

Dr. Smith's paper responds to her premise that older persons with disabilities are underserved by rehabilitation professionals, rehabilitation systems and employers because of **incorrect information and misperceptions** about the abilities and employment potential of older workers with disabilities. She strongly suggests that **age, not disability,** is the reason that older workers with disabilities are underserved by the entities named above. While I tend to agree that older workers with disabilities are underserved, I do not necessarily agree that it is because of attitudes toward or misperceptions about older persons with disabilities. I do believe that **system policies may contribute** to the author's stated problem and I agree that professional rehabilitation counselors may lack certain information about the older worker population. I also believe that a dimension perhaps not adequately addressed by the author is that the desire of older workers to continue working may not be as strong as one might think although I certainly believe the options to work must be cultivated.

Dr. Smith goes to great lengths to provide the reader with comprehensive insight into the needs of older workers with disabilities and to that end achieves her stated purpose of assisting "rehabilitation counselors and employers in developing a perspective on rehabilitation potential and employability of older disabled persons." I strongly agree with the author that "in philosophical orientation **rehabilitation counselors are exceptionally prepared** to work with older persons with disabilities." I am heartened by Dr. Smith's emphasis on the uniqueness and importance of rehabilitation counseling. To emphasize the important of rehabilitation counseling, even more, I encourage Dr. Smith to distinguish between the professional designation of rehabilitation counselors, i.e., **Certified Rehabilitation Counselor** (CRC), and the use of rehabilitation counselor as simply a job title. It is important that all disciplines, systems and employers involved with older persons with disabilities recognize that Certified Rehabilitation Counselors are professionals.

-- BY PATRICIA MUNDT

This paper is a most comprehensive report on the Older Worker. It provided the basis for me to think through and conceptualize the many considerations in dealing with issue under study. It is reviewed with the following areas in mind:

I. Approaches
   Rehabilitative approaches might be categorized as follows:
   A. Rehabilitation - A prime example of this is the individual who has become physically disabled.

B. Habilitation - Process of moving a mentally retarded person into a productive role.
C. Maintenance - Retain aging people in a productive role.

II. Factors to be considered in the assessment of a client
A. Work History - Identity in society (self-image).
B. Family - Supportive role, especially economic.
C. Culture - This is a consideration especially in minority groups.
D. Age - chronological, physical, psychological

These factors must be considered in a continually changing milieu as the individual continues to age.

III. Rehabilitation Professional
As indicated in many of the chapters, attitudes regarding aged workers can be barriers to maintaining individuals as productive workers.
A. Rehabilitation professionals like others have stereotypical images of the aged person.
B. **We are part of the problems** because each of us is aware that we will "be in the same boat" someday. It is often difficult to be objective.

-- BY YOJI OZAKI

SUMMARY OF RECOMMENDATIONS

The following is a summary of the recommendations for action developed by the Switzer Scholars as they related to the topic of Chapter Four (the recorder was Edward J. Hester).

1. Recommendations/Implications that would enhance service delivery:
A. Selected counselors of the state vocational rehabilitation (VR) agencies should specialize in serving older workers.
B. Services to older workers who become disabled should be provided by a team which includes a rehabilitation professional and an expert on aging.
C. Special transportation services need to be improved to assist older disabled workers to and from work in instances where transportation is a major barrier to employment.
2. Recommendations/Implications for policy or program development:
A. Associations of rehabilitation professionals, e.g., National Rehabilitation Association (NRA) and National Association of Rehabilitation Professionals in the Private Sector (NARPPS), should have a close working relationship with organizations of experts in aging, e.g., National Council on Aging (NCOA), and American Association of Retired Persons (AARP) as well as with associations of personnel specialties and claims benefits managers, e.g., American Society of Personnel Administrators (ASPA), and Risk Insurance Management Society (RIMS).
B. Functional assessment should become more important in disability determination and vocational planning than just a medical diagnosis.
C. State VR agencies should treat full-time, part-time, home employment, and other work options equally if the arrangement is best suited to the client's needs and ability.
3. Recommendations/Implications for training of staff/the general public, etc:
A. Vocational rehabilitation counseling programs should include courses on aging.
B. Training of professionals in the fields of medicine, geriatrics, and social work should include information on vocational and disability issues.
C. Training for physical therapists, occupational therapists, rehabilitation nurses, and speech therapists should emphasize vocational goals.
4. Recommendations/Implications for needed research:
A. Research is needed on the differential adjustment to disability based on time of onset, whether early or late, and to a secondary disability occurring later in life.
B. Research into the experience of older worker programs in serving persons with physical or mental limitations.
5. Recommendations/Implications for legislation -- Federal, State, local:
A. Money should be appropriated as a line item for state vocational rehabilitation (VR) agencies for the vocational and functional assessment of older workers who become disabled.

THEY ENJOYED THE EXPERIENCE: These 1986 Switzer Scholars obviously enjoyed. They are, left to right, in front: Arlene Gordon, Malcolm Morrison, Jane Myers, Mal Schechter. Back row: Yoji Ozaki, Donald Davis, Jimmy Ballantyne, Ellen Sax.

Rememberances

KEY FIGURES: Martin E. McCavitt, Scholar at the Fifth Seminar, left, visits with the Seminar's long time friend, Thomas Fleming, former White House Office of Consumer Affairs.

1986 SCHOLARS: Donna Falvo, S. Mae Smith take note of Jimmy Ballantyne's comments.

IN SESSION: Meeting on the subject of aging are 1986 Scholars Ellen Sax, Kenneth Mitchell and Harold Sheppard.

Switzer
Scholar
Sax

Co-Author
Baumann

Chapter Five

Options For Equality of Services For the Older Worker with a Disability

By Ellen B. Sax, MS, MPA, CRC
and Neal J. Baumann, MS

Overview

Statistics clearly demonstrate that approximately 60% of persons with a disability are over the age of 45. Yet, this population continues to be underrepresented and underserved in both state and private non-profit programming.

There appear to be several explanations for this dearth in services designed specifically for older persons with a disability: 1) inadequate information for rehabilitation counselors; 2) limited networking among agencies serving older persons and those serving persons with a disability; and 3) misunderstanding about the viability of this population within the employment sector.

This paper will attempt to address each of these issues.

Demographics

The economic and social problems of our elderly and disabled population are enormous, especially in terms of the size of this population, the social cost, and quality of life issues. The next twenty years will see a doubling of the number of elderly and disabled and exponential growth in the cost to the nation for their support.

Presently in the U.S., 36 million people are functionally disabled (Pati, Adkins, and Morrison, 1981); and 42 million are either disabled and/or elderly (age 65 and over). This group comprises the largest minority in the U.S. It is estimated that persons age 45 and over who are disabled, account for 1.5 to 2.1 million of total U.S. employment.

A U.S. Commission on Civil Rights Report to the President (1977), indicated that 50% to 60% of the disabled population is age 50 or over. At the same time, State Vocational Rehabilitation caseloads are comprised of approximately 15% of people in this age group. Little needs to be said on the "Aging of America." Census data (1980) indicate that the number of people age 65 and over will double in number to 51 million by 2030. By the year 2000, there likely will be one physically disabled, chronically ill, or over 65 person for every non-disabled under 65 U.S. citizen; and one half of our population will be over the age of 50 (Bowe, 1981).

With these projections and data in mind, it is clear that the problem is large, growing, and must be addressed on a national basis. The problem of disability is frequently a problem for the older person.

Perhaps the most critical factor is the rapid increase in life expectancy. A person reaching age 65 in 1980 will, on average, live to be age 81. This increase is dramatic and will continue as a result of medical, nutritional and fitness advances. Disabled persons, whether disabled in early, mid, or late life, will continue to live longer and require ongoing rehabilitation and employment services.

There is today a growing recognition that the problems of disability are, with increasing frequency, combined with age. In the forseeable future, chronic health problems among the aging will continue to increase; as a consequence, rates of disability will rise. Under conditions where public disability benefit payments under Social Security have reached $17 billion per year, and with increasing private insurance payments, disability is now a major fiscal problem. In addition, and especially for the mature disabled, permanent loss of employment reduces productive capacity and tax revenues and increases dependency on public and private benefit programs. Some have in fact, asserted that disability is now used as a form of early retirement which increases the number of persons being supported by public benefit payments.

Almost since the inception of the Social Security disability program, the prevailing view has been that the older disabled are unemployable and must remain dependent on public or private income benefits indefinitely. The very limited numbers of older disabled leaving the SSDI or SSI programs for employment has, of course, supported this view. And, there is no doubt that older disabled persons have lowered propensities for return to work and less success in achieving this goal. But, economic incentives to remain dependent combined with limited or no motivational intervention have resulted in "benign neglect" of the older disabled.

Under circumstances where their numbers and costs are increasing and where medical treatment has been able to improve functional capacity for many, continuing to disregard the employment potential of the largest number of disabled is neither rational nor practical. It is hardly sensible to continue to view all older disabled as incapable of vocational rehabilitation and productivity. There is already enough evidence to refute this approach. The issue is to develop effective strategies to significantly improve re-employment rates for the older disabled.

Onset of Disability

The age of onset or occurence of disability is of major concern when dealing with issues of adjustment, training and employment potential. A clear process of adjustment to disability has been demonstrated by numerous authors (English, 1977; Kerr, 1977; Shontz, 1975; Wright, 1977). The issue of adjustment is most important in the prevocational portion of the rehabilitation process. Age of onset of disability has a number of effects:

Early Life Onset:

- Older disabled client is more likely to have adjusted to the disabling condition;
- If employed, they may have skills and experience appropriate to their limitations;
- They are more likely to have a realistic outlook and job goal.

Mid to Later Life Onset:

- Client is more likely to experience continued problems of adjustment to disability;
- Client may have more needs in the areas of evaluation, vocational counseling and training;
- Client may be more unrealistic in his/her approach to employment.

The identification of these factors is an important requirement of the vocational rehabilitation intake assessment process. Once identified, rehabilitation counselors must assist the client in this adjustment process prior to employment.

An important issue for all rehabilitation clients is avoidance of "fixation" of a handicap which results in reduced motivation and negative attitudes toward rehabilitation. Most of today's early identification and intervention programs for the disabled are designed to reduce or eliminate fixation. These types of programs seem to be effective irrespective of age of onset. However, more serious motivational problems often occur for older disabled persons who have been away from their jobs for long periods of time and who **do not expect** to return to work. For these types of clients, who comprise large proportions of both public and private disability caseloads, different intervention strategies are needed to reduce the expectation of lifelong dependency and lack of productivity. Development of such approaches has lagged behind that of early intervention strategies.

However, there is now some evidence that re-employment counseling combined with actual job opportunities and economic incentives (wages and benefits) can produce positive employment outcomes for the long-term disabled. Re-employment of these types of clients was formerly considered to be virtually unattainable. But, reduction of long

term disability caseloads is an important objective in terms of cost containment and productivity.

As with all disabled persons, the motivation and self-respect that accompany productive activity are additional advantages for older disabled persons who return to work. It is difficult to establish level of effort criteria regarding the distribution of resources for rehabilitation of long term disabled. But, given the distribution of the caseload and lengthened expectation of life, the present limitations of resources for rehabilitating the long term disabled must be re-examined. In practical terms, resources must be focused on persons with the greater likelihood of successful rehabilitation. We know that age of client is often an inappropriate criterion on which to base intervention. Thus, in order to justify increased resources for longer term older disabled clients, new valid criteria must be developed which can be used to evaluate rehabilitation potential.

Work Potential

Not every older disabled person has a desire to work. Many desire recreation, hobbies, volunteerism, and other activities. However, a disabled person, no matter what age, must be considered potentially employable. Although the decision is ultimately the client's, all health and rehabilitation professionals must be open to suggest the possibility of competitive employment.

The physician, who very often is the first contact point, must be aware of employment potential. This potential should be an integral part of the rehabilitation process. Other professionals such as nurses, social workers, occupational therapists, and physical therapists must also be sensitive to this potential outcome. One of the critical patient/client goals should be vocational rehabilitation. Obviously, the patient or client, must make this choice. But they should be encouraged to consider employment as a life option.

Certified Rehabilitation Counselors can serve as the coordinators in this process. Trained in counseling and rehabilitation of disabled workers, they have the skills to manage the client through this process.

It is imperative that service providers confront their attitudes toward older persons to explore any bias that may exist. These biases can also exist in the mind of the older person thereby limiting available options.

The question is one of independence and choice. Employment is one option for independence that needs to be explored with each client - regardless of age. Age becomes a factor in determining employability. Rehabilitation counselors, medical professionals and employers, all tend to let ageism, as a value judgment, affect the direction and advice provided to older persons. These persons must control their own destiny and have a right to unbiased advice and assistance.

In working with the older persons with a disability, there are several issues with which service providers need to be aware. The initial intake becomes critical as the gateway to services. In this regard the counselor needs to keep several key areas in mind, and they include:

- Understanding the self-perceptions of the older person;
- Recognizing and assessing skills; and
- Understanding the role of the family.

Self-Perceptions

As people age, they begin to notice changes in their ability to perform familiar tasks. This may include lifting, walking, standing, etc. It can also include a decrease in certain senses such as vision and hearing. An older person will often note these diminishing abilities, but will attribute them to age rather than disability. In this regard, the older person has a tendency to seek out services for the aging rather than for the disabled. It is imperative that the initial contact uncover any decreases in functioning that can impact upon acceptance for services, and eventually, employment. Speaking in terms of limitations rather than disability can often elicit more necessary information.

Another concern that needs to be addressed from the service providers' view, is the issue of the work ethic. Many of the older persons with a disability who are seeking employment have been employed in the past. They usually understand the value of working and have a strong need to work. Because of this, older persons may lose interest in obtaining services due to the long time delay in their receiving them. This can lead to frustration on the part of the potential client causing a high drop-out rate.

To better assist the older job candidates, it is essential that the service provider understand their financial demands. This should include current means of support such as Social Security, Social Security Disability Insurance, and Unemployment Insurance. Determining the limitations on earning potential imposed by the financial support will aid in developing a realistic plan.

Another issue that needs to be explored is the level of salary the individual is seeking. By obtaining a realistic assessment of living expenses and needs, the counselor will be able to provide counseling where necessary and avoid conflicts as the actual placement gets closer.

Skill Assessment

Both age and disability can impact upon the transferability of skills. It is essential that the counselor work with the older job seeker to determine flexibility in their job goal and to assess skill levels. Due to periods of unemployment, which may last longer with older persons, skills can become outdated and the job seeker can lose confidence. Many studies have demonstrated that age alone does not affect learning ability or intellectual functioning. While self-paced, reality-based learning has proven to be more effective with older persons, a limited course can be utilized to regain confidence and improve skill levels.

The Role of the Family

In working with the older person, the family can often play a vital role. The families' attitude toward the job seekers decision to work can impact positively or negatively. The negative impact can occur when the family feels the job seeker should retire and enjoy life. Sabotage can occur by interfering with training schedules by requesting assistance in baby-sitting, dog-sitting or package receiving. Children may take on the responsibility for decision-making and begin taking charge of the job seeker's life.

With a thorough understanding of the family's role, and their degree of support, the counselor can better assist the job seeker in attaining his/her goal.

Current Services - Model Programs

Rehabilitation agencies are beginning to address the issue of the older person with a disability. While programming is being developed, the coordination among those agencies serving the older person and those agencies serving persons with a disability is still not being effectively developed. The following organizations either specifically serve the older person with a disability, or provide services to older persons. Those that serve the older person can, with training and assistance improve services to those older persons with a disability.

Services for Older Persons with a Disability

Aging in America, Inc./PWI

Aging in America, Inc. (AIA), a gerontological center headquartered in New York City, received funding from Rehabilitation Services Administration and began a Projects With Industry program in 1980, for those persons 45 and above. Utilizing the standard PWI and the Azrin and Besalel model, AIA/PWI developed a Business Advisory Council and began a job search skill program. To date, over 500 older persons with a disability have obtained employment with an annual job retention rate of 94%. Placements have increased by 42% yearly at the same time the cost per placement has decreased from a high of $1,400 to its current level of $500. For those who start the program, 66% are placed. Placements are in a variety of settings but are concentrated in the clerical area. Salaries of those placed average around $13,000 per year.

Services are provided throughout New York City. Methods emphasize teaching job candidates how to deal with barriers to finding employment. Other services include assessment and evaluation, personal and career counseling and direct placement. Another key aspect of this program is the educating of employers to help them overcome stereotypes and recognize the value of this labor pool.

Based upon the success of the New York City project, private foundation monies and additional federal grants were obtained to develop a national technical assistance project. The AIA/PWI affiliate network not only extends to the following national sites, Philadelphia, Pennsylvania; Minneapolis, Minnesota; Chicago, Illinois; New Haven, Connecticut; Wichita, Kansas; San Francisco, California; Tampa, Florida; Cleveland, Ohio; Topeka, Kansas; Merriam, Kansas; Scottsdale, Arizona; Las Vegas, Nevada; Los Angeles, California; and San Antonio, Texas, but also to a network of State Vocational Rehabilitation offices within New York State. The end result in the affiliate locations has been increased understanding in serving the older person with a disability, improved communication among agencies serving the elderly and the disabled, and an increase in placements of those persons 45 and above.

Vocational Guidance and Rehabilitation Services/Skills Available

Vocational Guidance and Rehabilitation Services (VGRS), is a comprehensive rehabilitation facility offering, evaluation training, work adjustment and job placement to persons with a disability in the Cleveland area. In 1982 VGRS united with Skills Available (VGRS/SA) a job placement program for non-disabled senior citizens. As an affiliate member of the AIA/PWI Network, VGRS/SA has been working to increase its services to older persons with a disability.

In 1983, VGRS/SA recognized a growing number of older persons with a disability with little work history or limited skills. To combat this problem "Operation Breakthrough" was developed. Based upon labor market trends showing growth in the health care area, an on-site training program was developed within area nursing homes. The 2 week evaluation component assesses the minimum standard levels for the nursing homes including reading and math levels, physical capabilities and verbal

comprehension. Clients who meet the standards are scheduled for medicals and psychiatric testing. Those selected are trained as nursing assistants or food service workers. Training includes 4 weeks of classroom and hands-on experience with periodic evaluations. The initial pilot test resulted in a 93% placement rate. The program now continues on an OJT basis through which 80 people have become employed.

Transitional Employment Enterprises, Inc.

Transitional Employment Enterprises, Inc. (TEE) started in 1974, is located in Massachussetts and New Hampshire. The Return Project, designed for older workers (50+), is based in the Boston area. While the program was not designed to specifically serve older disabled persons, a number of those served had a disability.

During the last grant year, 150 persons obtained employment. The statistics for this project indicate that the average age of those served is 57, however, placements have occured for people in their 70's. The cost per placement is approximately $1,900 and the placement rate for those served is 70%. Wages for this program have not been separated from the total TEE operation. However, for TEE as a whole, the average salary upon beginning the program is $400 per month and upon placement rises to $1,024 per month. It is believed that for the Return Project, salaries upon placement are higher.

The project is based upon a supported work model. The initial two week period consists of an orientation and a pre-employment group. The time is utilized to deal with re-entry into the labor force, discrimination issues, and explore expectations, and transferrable skills. The enrollee is then matched with potential job slots and is prepared for the interviews. Once a job slot is selected, the enrollee joins the TEE payroll funded by the host company. The supported work program lasts anywhere from 1 to 4 months, averaging 3½ months. With the aid of a Corporate Representative, the enrollee is taught job skills and provided with support. Upon completion of the training the person is rolled over onto the hiring companies payroll.

Services for Older Persons

Operation ABLE

Operation ABLE, founded in 1977, is a network of community-based agencies which assist older persons in obtaining employment. Located in Chicago, the network extends throughout Illinois and involves 42 member agencies including several employer associations. Funding is received from seven governmental agencies, 40 corporations and through JTPA. Services are provided to the economically disadvantaged. While the program is not designed specifically for older persons with a disability, several of the member agencies do serve the disabled. Jewish Vocational Services, and International Association of Machinists and Aerospace Workers are member agencies and Threads, an agency involved with serving as a cottage industry for persons with a disability.

During the past year, of the 579 people served through the network, 353, or 62%, were placed. The cost per placement is approximately $2,246 and the average wage for those placed is $892.80 per month. Retention rate figures were unavailable. The starting age for services varies by agencies, but generally begins around age 50.

Services vary by agency, but include assessment, job development, job matching, job referral and placement. Follow-up is provided to both the employer and the clients. The program is based upon the job club and the duration of services depends upon the needs of the job seeker. Skills training is also available for JTPA eligible persons. Services are also available to professional, managerial, technical and supervisory employees through the ABLE Worker Institute.

Based upon the success of this networking model, similar programs have been developed in Boston, San Francisco, Los Angeles, Detroit, New York and statewide in Nebraska.

Senior Services, Inc.

Senior Services, Inc. headquartered in Wichita, Kansas, was begun in 1982 in response to the employment needs of the elderly. Upon funding, Senior Services, Inc. developed a cooperative agreement with Kansas Elk Training Center for the Handicapped/PWI enabling them to also assist older persons with a disability. Senior Services, Inc. covers a large geographical area which encompasses both urban and rural areas and offers both an in-home and employer-based component.

During the past year, 736 people were served and 582, or 67.7% were placed. The average monthly wage of those placed is $4.76 per hour and the 60 day rentention rate is 75%. The cost per placement averages $1,195.85. Both JTPA and non-JTPA eligible people 55+ are served.

The program is based upon teaching people job readiness and seeking skills and then assisting them in obtaining employment. Services include job readiness training, job development and placement, and follow-up. In addition to workshops, job readiness is taught on a 1 to 1 basis. One group per week is held to deal with specific issues such as barriers to employment, and other work related issues.

Employer Initiatives

In response to the need of maintaining a productive workforce, corporations have begun to implement personnel policies and innovative work options which can accommodate the needs of older and/or older persons with a disability. Many corporations have begun to alter policies for those currently employed, while others have developed flexible policies in the hiring of new employees. The following examples will provide a broad cross section of policies which may relate to older and/or older persons with a disability but have with implication for persons with a disability.

S & C Electric Company

S & C Electric Company is a 1350 employee nonuinon manufacturing company located in Chicago, Illinois. Since 1911, the company has been manufacturing high-voltage switches and fuses used by electric utilities and other large power consumers.

S & C has an open policy regarding older workers. There is no mandatory retirement age and a number of part-time positions are available. S & C also has a company-sponsored vision protection program supervised by a registered nurse.

Begun in the early 1950's, S & C developed a policy to provide all employees with "appropriate" safety glasses, prescription if necessary. A local optometrist was hired to provide eye examinations for all employees. After the initial assessments, monthly eye examinations are provided. New employees are also examined. To simplify the process, all examinations are scheduled during working hours. In 1972, to upgrade the program, the services of an opthomologist were added, and are now available on an as-needed basis.

For employees 60 and over, both an annual eye exam and physical are provided. Because eye problems are more common after the age of 35, older workers especially benefit from the program. As a result, of these examinations, such potentially limiting disabilities as glaucoma, cataracts, diabetes and hypertension have been discovered. Based upon the needs and limitations of employees, job site modifications have been made.

General Dynamics/CONVAIR Division

CONVAIR, a division of General Dynamics, located in San Diego, California, is a manufacturer of aircraft equipment. CONVAIR maintains a workforce of between 9,000 and 10,000 employees, 5,000 of whom are unionized hourly workers.

Due to the physical demands of certain tasks, in the 1950's, CONVAIR established an employee coding system, to indicate the physical abilities and limitations of employees, and a job coding system to delineate minimum physical requirements of each job.

This information was used in determining job assignments and to prevent employees from being assigned to jobs that they could not perform optimally. In the 1960's, the job code componenet was eliminated when it was determined that the employee coding system was sufficient for accurate job matching. The employee coding system consists of 25-30 codes covering such areas as weight limitations, vision, standing, respiratory and psychological. While many employees may not qualify as disabled, most do have some limitations.

Physicals are given depending upon the job category. However, all supervisors are expected to note any changes in their employees work behavior so a physical can be arranged. When limitations are found, the first approach is for a job site modification. If this is not successful, the employee is transferred to another area. This program has enabled CONVAIR to keep people employed who are well into their 70's.

The current program is staffed by seven Registered Nurses, 1 nurse practitioner, a lab and x-ray technician and 2 medical examiners.

Southwestern Life Insurance Company

Southwestern Life Insurance Company is headquartered in Dallas, Texas and employs 900 people in its home office and 800 people in the field, covering 35 states. An insurance company, Southwestern Life Insurance provides all types of insurance excluding property and casualty (U.S. Senate, 1985).

Southwestern Life Insurance Company is actively involved in the hiring and retaining of older workers both on a full-time and part-time basis. A wide range of training is available and includes skill training as well as training in interpersonal skills. Flexible schedules are available and involves hours per day and days per week. The rehiring of retirees for part-time positions is also an active part of Southwestern Life Insurance Company.

To accommodate the community needs of employees, the company owns 16 vans for group transportation and subsidized bus transportation for those over 65. Passengers are driven in from beyond a 10 mile radius and their fare amortizes the operating costs of the vans.

Stouffer Foods Corporation

Stouffer Foods Corporation is a subsidiary of the Nestle Company and manufactures food products on both a retail and institutional basis. The frozen food plant is located in Solon, Ohio. Of the 1,995 employees, 198 are salaried. The plant maintains two types of assembly lines: the retail line for small

packages; and the institutional line for large packages. The institutional line requires more manual handling which requires a slower line (U.S. Senate, 1985).

In 1978, a company task force was formed to consider problems encountered by older workers. It was determined that the slower institutional line could be utilized by staffing it with older workers who are encountering difficulties on the faster line. In this capacity, the older workers skills are better utilized and safety is no longer a concern. The institutional line is a two-shift operation staffed by 25 workers during each shift. Approximately 15 of those workers are in their mid 50's to late 60's.

Under the direction of a Michigan State University physiologist, a pilot project has been conducted on over 100 participants to assess their physical strength. Conducted at the plant, a Cybex II machine has been used to test the muscle strength of employees. When problems are encountered on the job, the testing helps determine whether exercise, retraining or a job transfer is necessary.

Xerox Corporation

Xerox Corporation, headquartered in Stamford, Connecticut, is an international corporation whose principle business involves the development and manufacturing of reproduction equipment and photographic paper. Its domestic workforce number is 55,000. The Rochester, New York location is the major manufacturing center for duplicating and copying equipment. Of the 13,000 people employed there, 26% are unionized (U.S. Senate, 1985).

The issue of physically demanding and stressful positions was raised in the late 1970's between the company and its union. It was determined that a method be found to prolong employees working careers at a less demanding level while maintaining high productivity. The result was a collective bargaining agreement to allow union workers to voluntarily downgrade their employment. Pay would be set at an average of the pay for the new and old job. Once an employee bid down, opportunities for promotions and transfers, except schedule shifts, are foregone. Eligible employees must be either 55 years of age with at least 15 years of service, or 50 years of age with 20 years of services.

Approximately 450 employees have become eligible for this option since 1980, and of those 10 to 15 percent have accepted the option. The reaction to the program by the company and its employees has been mixed. For employees, the option provides an alternative to early retirement, or continuing to work in a physically demanding job. The costs to the company are minor, but result from higher pay. Pensions are not seriously affected since they are based on the best 5 years of service.

Summary

The facts clearly demonstrate that the older person with a disability is both overlooked in the labor market and underrepresented in the rehabilitation community. The reasons vary, but the result is the same - a large and growing pool of people with resources and abilities who are underutilized. Slowly, this situation is changing as employers begin to look at non-traditional employment sources and as rehabilitation professionals become faced with a growing and demanding population. However, more needs to be accomplished and at a more rapid pace.

While the support and involvement of funding sources is necessary, it is up to individual rehabilitation professionals to truly make an impact. Recognition of sterotypes and biases is a first step, followed by a greater ability to look at the individual - not the age. Rehabilitation has always stressed dealing with the persons' ability, not their disability. Why should an older person be viewed differently?

As with any movement toward change, there is the need for education. Starting in the schools, and moving toward those in the field and then to the employment community. Only by understanding can rehabilitation begin to serve those in need - anyone, regardless of age, who has a disability which interferes with their finding employment.

□

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Excerpts of Reviews and Comments

The following are excerpts of reviews, comments, and recommendations made by the Switzer Scholars. These are presented to further stimulate thinking, discussion and action as they related to the content of Chapter Five by Ellen B. Sax and Neal J. Baumann.

The Baby Boomers have exerted an historic effect on every phase of American life. Nonetheless, it might be that the Boomers' most profound influence will become evident when they begin their adventures as elder citizens. For them, our current expectation of retirement at age 65 or 70 is likely to become increasingly less acceptable. They, their employers, their government, and their taxpaying sons and daughters will find it economically necessary to develop new policies and methods for maintaining older workers as productive members of the work force.

Where there are large-scale economic issues, there also will be found salient political issues and potent pressures for change. Sax and Baumann have addressed themselves to what could well become the most political, divisive and complex domestic policy question of the early Twenty-First Century. Certainly their admonishments to rehabilitation should be needed; too often, because the person is no longer young, too many of us do forget that indeed ability **always** counts. Yet, the fundamental questions raised by Sax and Baumann are not merely questions of rehabilitation practice, disability, aging, economics, or public policy. Rather, they are questions of **human values,** the resolutions of which ultimately will be expressed through our national institutions and culture. That there will be conflict and differing views cannot be doubted.

The taxpayers will find themselves confronting rapid growth of the already enormous government expenditures for various subsidies, services and transfer payments to their neighbors who are aging, disabled, or both. Young men and women will find upward mobility increasingly limited and competitive as the longer careers of the Boomers clog up traditional paths of career advancement. Employers will find it difficult to both ensure equity and maintain productivity as they develop new policies for retraining and retaining capable older workers while, at the same time, separating from their employment those older workers who genuinely have lost the mental, physical or emotional capabilities to perform adequately in any job which the worker is willing to accept. It can get tough when you start treating a person as a person instead of as a calendar.

American society has begun learning that we must not deny the dignity or devalue the worth of a person because of race, sex, ethnicity, disability, language, religious creed or national origin. To do so is not only immoral, illegal and unstylish, it is expensive and impractical as well. So also our society will learn not to discount the dignity, worth, or productive potential of a person solely because of age.

As I approach my seventh decade, the days of my Summer seem but a brief while ago. What seemed distant then suddenly is nearer now, just as it is everyday for each of us. Alvin Toffler said that those who do not change the future shall be compelled to endure it. If we have not accepted an obligation to lead in changing the future, who then should lead us? This is the challenge of Sax and Baumann, to each of us, as individuals, as participants in our society, as members of the rehabilitation profession; for **what is done unto others will surely be done unto ourselves.**

-- BY EARL W. WOLFE

This paper offers excellent descriptive material on the demographics of the problem and models for the rehabilitation of older workers who have become disabled and have been removed or have resigned from the workforce. The models reported indicated a high success rate. However, we need to know how long these people were out of the workforce and **how disabled** they were before we can evaluate success rate. Of particular interest were the models described from the corporate sector which provided for retention of jobs by older workers and offered preventative services, e.g., the illustrations from Convair and General Dynamics. Models that retain people in the workforce would appear to be far less costly and more effective than having people leave the workforce, receive income from public and private sources, and require retraining and placement services.

An interesting point raised in this paper is the issue of **education for school-age children.** This is important in developing positive attitudes, not only towards aging, but to the continued productivity and participation by older people in all life-style activities, e.g., work, leisure, continuing education, etc.

-- BY ARLENE R. GORDON

Dr. Sax describes a variety of model programs

for older persons with disability. Options in the programs include **no mandatory retirement age;** part time positions; programs of prevention in which there can be early recognition of potentially limiting disabilities; a coding system in which physical abilities and limitations of employees are matched to the physical requirements of each job; job site modification; and voluntary downgrading of employment thus prolonging working career at less demanding levels.

Programs described which are designed to consider the special needs of the individual and incorporate those whose potential is underutilized presents options for both the employer and employee. Values and social expectations of the older worker as well as those around him/her frequently impede re-entry into the workforce as well. The older person may view diminshed abilities as a natural part of aging, therefore seeking supportive services rather than restorative services. Education to eliminate bias in both the corporate world as well as the general population would seem to be a first step toward addressing disability in the aging population.

-- BY DONNA FALVO

SUMMARY OF RECOMMENDATIONS

The following is a summary of the recommendations and implications for action developed by the Switzer Scholars as they related to the topic of Chapter Five (the recorder was Edward J. Hester).

1. Recommendations/Implications that would enhance service delivery:
   - A. Projects With Industry (PWI) and other industrially-based programs should be expanded to help disabled employees of cooperating companies retain their jobs or return to work.
   - B. That there be better cooperation between state vocational rehabilitation (VR) agencies, industry, and adult continuing education for skills enhancement and retraining of older disabled workers.
   - C. There must be improved outreach by state VR agencies to older workers who become disabled.
   - D. Programs under the Job Training Partnership Act (JTPA) and Title 5 of the Older Americans Act must be more sensitive and pertinent to the needs of older disabled workers.
   - E. Time units or closure status quotas (as used by state vocational rehabilitation programs) should allow more flexibility for those professionals who serve older disabled workers.
2. Recommendations/Implications for policy or program development:
   - A. Mandate equality of service delivery through state vocational rehabilitation (VR) agencies for older workers.
   - B. Develop model programs, e.g., work-hardening and transferable skills evaluation, for rehabilitation facilities to use in serving older workers who become disabled.
3. Recommendations/Implications for training of staff/the general public, etc.:
   - A. U.S. Employment Service (USES) counselors should receive additional training on aging and vocational rehabilitation.
   - B. There is a need to increase the awareness of the general public about issues concerning aging and disability.
4. Recommendations/Implications for needed research:
   - A. Additional research needs to be conducted into disincentives existing in legislation, for
     a. the employer to retain older workers who become disabled; and
     b. the employee who becomes disabled to continue working
   - B. Develop a standardized system of evaluation of return to work programs so that those which are most effective can be increasingly promoted and funded.
   - C. Research various methods of outreach to the disabled older worker to determine which techniques are most effective.
5. Recommendations/Implications for legislation -- Federal, State, local:
   - A. Social Security Disability Insurance (SSDI) regulations should be revised to allow for partial pay for partial work on a realistic basis so as to reduce disincentives to work.
   - B. The substantial gainful activity level (SGA) for SSDI beneficiaries should be raised to allow for permanent part-time work by those who are medically unable to work full-time.

Rememberances

LOYALTY: Jean K. Elder, Assistant Secretary for Human Development Services,(DHHS) has taken part in a number of the Switzer Seminars, including a Special Paper for the Tenth Seminar.

MARY'S FRIENDS: Jose "Pepe" Marinez, of Puerto Rico,(left) and James Burress were solid friends of Mary Switzer. Burress, a former aide to Switzer, has been a Scholar on two occasion.

NOT ALL SERIOUS: This Ninth Switzer session in New York had its light moments. The teller of tales is Phyliss Ruebenfeld, President of AACD, the listeners are Anna Fay, a Scholar and Leonard Perlman, Seminar Coordinator.

NINTH SCHOLAR: Antonio Sauzo, was one of the Ninth Switzer Scholars in 1984.

Switzer Scholar Hester

-- Special Paper --

The Need for Rehabilitation Services Among Older Workers

By Edward J. Hester, Ph.D.

The Menninger Foundation Rehabilitation Research and Training Center has been established in order to develop programs and suggest policies which will help eliminate the financial dependence of workers who become disabled but are still capable of gainful employment. This is primarily, but not exclusively, a problem for the older worker, i.e. 45-65 years of age. For instance, there is a 29.1% chance that a young person entering the workforce will become disabled before reaching the age of 65 (Hester, Decelles, & Hood, 1986). However, for the person who becomes disabled while employed, eight times out of ten the disability will be after the worker has reached the age of 45. Currently, 77% of those former workers in the disability support system became disabled when they were 45 to 64 years of age.

The development of such programs and policies depends upon a thorough understanding of the disability support system. The most fundamental level of understanding involves:

1. The number of older workers who are forcibly unemployed every year because of a disabling condition.
2. The causes of disability among older workers.
3. The nature of the disability support system and the number of workers currently in the system.
4. The ways in which workers can leave the disability support system and the numbers of older workers who do leave it by route.
5. Factors which enhance the likelihood for older workers to return to work after incurring a disabling condition.

Using the 1982 Current Population Survey (CPS) data, Levis, Louvet, and Ulstrup (1985) have estimated that about 640,000 employed persons per year between the ages of 45 and 64 become disabled. The fact that they become disabled does not necessarily mean that they leave employment for any substantial period of time due to the disabling condition. However, based upon data received from a major insurance carrier, it seems that 63% of them eventually do leave employment for five or more months. That is, 403,990 newly disabled older workers per year become unemployed because of their physical condition. Due to the aging of the American workforce, this number will increase 39% by the year 2020. At that time 562,000 newly disabled older workers will be leaving the workforce every year because of a physical disability (Hester, Decelles & Hood, 1986).

As a worker ages, injury becomes a proportionately lesser cause of disability. Injuries, whether on or off the job, account for 35% of the disabilities among 45 to 54 year olds but only 20% of the disabilities among 55 to 64 year olds. Actually, it is not that the number of serious injuries decreases as one gets older, just that the number of acute illnesses and progressive disabilities increase. Of all workers who are seriously injured, older workers account for 51% of the total (27% for those aged 45-54 and 24% for those 55 to 64).

Twenty-eight percent of those workers who become physically disabled between the ages of 45 and 54 do so because of an acute illness. For those between the ages of 55 and 64, this proportion in-

creases to 39%. Three of the most common serious acute illnesses are cancer, cardiac problems and strokes (CVA's). The average age for strokes among workers is 56.2 years (σ = 6.11). For cardiac problems it is 55.8 years (σ = 6.62) and for cancer it is 54.3 years (σ = 7.89). For more data on these disabilities, see Hester and Decelles, 1985.

As expected, progressive disabilities become an increasing cause of leaving the workforce as a person ages. Progressive illnesses represent 37% of the causes for those workers in the 45 to 54 age cohort but 41% for those aged 55 to 64. The most common type of progressive disability, by far, is arthritis. The average age that workers leave the workforce because of arthritis is 53.8 years (σ = 8.95). In 1980, Yelin et al. noted that the small business person can generally cope better with arthritis than other employed persons. This has been confirmed by data recently analyzed by this center; self-employed persons are able to continue working an average of 4 years longer with progressive illnesses than workers employed for someone else. This is probably due to the fact that the entrepreneur has a better chance to adjust working conditions to his/her increasing physical impairment than if the person were not self-employed. An important corollary of this finding is that perhaps other workers with progressive disabilities could remain productive longer if rehabilitation professionals assisted employers with job/worksite modifications.

We are estimating that there are currently 2,191,000 former workers in the disability support system. Seventy-seven percent were between the ages of 45 and 64 when they left the workforce. This means that 1,687,000 older workers are relying upon disability benefits for support. By the year 2020, the number of older workers in the disability support system will have increased 64% to 2,765,100. At that time, we expect that there will be, in total, over three and a half million former workers dependent upon disability support payments.

There are essentially only three ways that a person can leave the disability support system: by returning to work; dying; or reaching the normal retirement age, at which time most disability payments convert to retirement benefits.

Popular opinion seems to be that an older worker who leaves the workforce because of a disability will never return. While it is true that a smaller percentage of older workers return to work, many do return. Actually, 58% of those workers who become disabled between the ages of 45 and 54 return to work. Among those 55 to 64, 27% return to work. Almost all of these older workers who returned did so without the assistance of rehabilitation services. Older SSDI beneficiaries are much less likely than younger ones to be referred for vocational rehabilitation services. Those older workers who are referred are much more likely than younger ones to be considered not feasible for vocational rehabilitation services by their counselors. However, those older workers who are provided rehabilitation services are more likely to return to work than younger persons (Hester & Faimon, 1985).

While age is an important factor in return to work, there are others which are far more important. In descending order these are: the type of disability support payments received, the amount of education the worker has, the relationship of the disability payments to the former earnings, the person's former occupational level, the nature of the disability, the type of employer the claimant worked for, and the sex of the person (Hester, Decelles, & Gaddis, 1986).

The problems faced by the older worker who becomes disabled are enormous, particularly when the treating physician indicates that return to the previous occupation is impossible. A recent study of disabled workers (Hester, Decelles, & Gaddis, 1986) indicated that only 10% of disabled workers who return to work find a job with a new company. This is not surprising when we realize that more than two-thirds of the workers who become disabled worked for the same company for more than ten years, half for more than 16 years.

It is obvious that those workers who are not able to return to their old job need rehabilitation assistance in obtaining a new one.

Even though a smaller proportion of older workers than younger return to work after incurring a disability, their greater numbers result in their being the majority of those who return. Sixty-two percent of those persons who return to work were 45 years of age or older at the time they became disabled. However, those who become disabled after reaching 45 years of age also comprise 99% of those who reach retirement age without returning to work.

At the Menninger Research and Training Center, we have attempted to estimate the reduction in total disability payments that could be achieved by effective rehabilitation services. We are estimating that the number of people aged 45 to 54 in the disability support system could be reduced by 34% and those from 55 to 64 years of age could be reduced 49%. This estimate assumes that those who do not now return to work before reaching retirement

age would return within a reasonable amount of time.

Obviously, in order to achieve this possible reduction in the disability system, there are going to have to be far more rehabilitation specialists than now, trained specifically to deal with older workers who become disabled and with employers. In addition, many more employers will need to establish return to work programs, policies, and procedures. According to Hood and Downs (1985), up to now relatively few employers have made a serious commitment to returning the worker who becomes disabled to productive employment. At the current rate there will be a 44% increase between 1985 and 2020 in the numbers of disabled persons returning to work. In order to reduce the disability support system to the number we believe possible, the number of persons returning to work after sustaining a disabling condition will have to increase 128% by the year 2020.

New programs for return to work cannot be left only to major corporations. The 1000 largest corporations employ less than 21% of the labor force. It will take a concerted effort in prevention and intervention programs, policies, and strategies on the part of insurance companies, government, medical professionals, and employers to solve this problem. □

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Excerpts of Reviews and Comments

The following are excerpts of reviews, comments and recommendations made by the Switzer Scholars. These are presented to further stimulate thinking, discussion and action as they related to the content of the special paper by Edward J. Hester.

The statistical review of the incidence of disability in an aging workforce emphasizes, once again, the need to separate the issues of an aging workforce and the importance of developing early intervention and prevention strategies from the present focus of rehabilitation on the problems of returning the older disabled worker to employment.

Research is needed to understand what factors contribute to the fact that the largest percentage of people return to work on their own. From such research, we might be able to understand what rehabilitation strategies would best assist those disabled workers who wish to return to work and have not succeeded.

-- BY ARLENE GORDON

Dr. Hester addresses programs and policies which would help to eliminate the financial dependence of workers who become disa[illegible]d but are still capable of gainful employment[illegible]e states that the development of such programs and policies depends upon a thorough understanding of a number of factors, including the number of older workers forcibly unemployed every year because of a disabling condition as well as an understanding of the causes of disability among older workers.

Although the factors mentioned by Dr. Hester must certainly be the focus of any program or policy developed for the older worker, an additional factor which cannot be ignored is the medical care the older worker receives. Although well trained in the identification and management of a variety of disabling conditions, many health professionals may not be specifically trained to evaluate the special needs of the elderly. Health professionals may view disease and retirement as an accepted part of aging. Consequently, medical management goals may not be directed toward helping the older worker return to work, but rather toward helping the individual maintain a level of physical comfort in retirement.

In addition, unless health professionals have received specific training in working with the elderly, there may not be awareness of the physiological changes in aging which may alter treatment effects. Both rehabilitationists and health professionals must increase their awareness of the extent to which disability may be caused or worsened by the very treatment designed to help. Iatrogenic illness or disability in the form of polypharmacy, neglect of appropriate treatment, or performance of unnecessary treatments are issues which cannot be ignored.

The need for enhancing training for both rehabilitationists and health professionals in working with the older client is crucial. Advocacy for the older client includes not only increasing quality of services, but maintaining active efforts to increase the quality of educational programs for professionals providing the services. Such educational programs can increase awareness of the needs of the older worker, thus enhancing the potential of the older person to remain in the workplace.
-- BY DONNA R. FALVO

Dr. Hester's paper describes the large number of older people 45-64 who are not being effectively served in the rehabilitation process. What leaps to mind, especially in light of the recently mandated law eliminating an upper retirement age, is how can the rehabilitation process hope to increase and improve services to this growing number and expanding population? An increase in trained personnel is an important step, but the need to understand the barriers confronting older workers in the rehabilitation process is essential.

Based upon the findings mentioned, it is clear that rehabilitation professionals can assist in two vital areas. One area is facilitating - not determining - the rehabilitation process. The older person may require guidance or skill updating, to get them "back-on-the-track" to employment. This may differ from the needs of younger clients who have limited knowledge about the values needed within the world of work.

The second area may be a new and challenging one - direct assistance within the workplace. With such a large percent of those returning to work being rehired by a past employer, a majority of older workers may require more assistance in their current workplace. Job site modification and training of supervisors are just two areas in which the rehabilitation professionals can increase their presence in the employment community.

SUMMARY OF RECOMMENDATIONS

The following is summary of the recommendations and implications for action developed by the Switzer Scholars as they related to the Special Paper by Edward J. Hester, Ph.D. (the recorder was Edward J. Hester).

1. Recommendations/Implications that would enhance service delivery:
   A. Decrease the time required by the older worker to receive services from state vocational rehabilitation (VR) agencies.
   B. Consortiums of small employers should be formed to provide services for older workers who become disabled.
2. Recommendations/Implications for policy or program development:
   A. State VR agencies should be required to have specialists on worksite modification to assist older disabled workers maintain productivity.
   B. Model policies and procedures on job retention and return to work programs should be developed as a guide for employers to assist their older workers who become disabled.
3. Recommendations/Implications for training of staff/the general public, etc.:
   A. Rehabilitation counseling training programs should include courses in job placement and worksite modification.
   B. M.B.A. (Master of Business Administration) programs, especially those for industrial relations specialists, should include information on aging and disability management.
   C. Certification for Insurance Rehabilitation Specialists (CIRS) should require training in aging and the psychology of the older worker.
4. Recommendations/Implications for needed research:
   A. Additional research is needed on the effectiveness and timeliness of state VR services for the older worker who becomes disabled.
   B. Baseline data is needed in incidence and outcomes of disability among older minority and women workers.
5. Recommendations/Implications for legislation -- Federal, State, local:
   A. The Rehabilitation Act should be revised to encourage state VR agencies to provide job retention services to older workers who become disabled and who are not former VR clients.

Switzer Scholar Powaser

-- Special Paper --

Age Bias -- A "New Wrinkle" for Rehabilitation

By William H. Powaser

"Professional counselors, including rehabilitation counselors exhibit evidence of ageism ... vocational rehabilitation counselors in particular were among those with greatest degree of age bias." (Benedict and Gankos, 1981)

"Rehabilitation professionals are known to view older clients more negatively than younger ones." (Myers, 1983)

Since the Civil Rights era began in the early 1960's, significant strides have been made toward eroding discrimination in vocational rehabilitation. Minorities are better represented both on caseloads and in the profession. A lot remains to be done, however, to consolidate gains and to more fully achieve equalized representation.

Age Discrimination as Barrier

Discriminatory attitudes and practices not only prevent the full realization of a society's potential, they present barriers to individuals as well. Much effort in rehabilitation has been aimed at removing both the tangible barriers associated with functional limitations and physical access, and the not so tangible barriers erected by various forms of prejudice and discrimination. Rehabilitation professionals, by choice, are committed to the business of removing barriers -- obstacles to functioning, to employment, to full participation in family and society.

Most experienced practitioners recognize the compounding effect of discrimination a person will face if disabled and also black or female. But few realize how much more difficult this person's situation will become as he or she grows older.

Ageism has been called the invisible barrier. It is a particularly insidious form of prejudice because it is endemic to our total culture and social fabric. It is so pervasive that it is often difficult to detect without a conscious effort. Ageism is the systematic stereotyping of and discrimination against people based solely on their chronological age.

Age bias is evident in the effects of Social Security legislation. It is present in rehabilitation program policies and practices as shown by distorted conceptions of cost benefit and lack of interest in older worker resources and referral sources. It is demonstrated in the business sector by hiring practices, by placing older employees nearing retirement "In Coventry" to force their resignations, or by forcing retirement (despite the law). Age bias provides the rationale for squeezing older people out of the job market.

The media, although changing, still abounds with portrayals of older people as dottering, cranky, idiots. Our popular culture continues the deification of youth, and the tiresome quips on birthday cards about lost abilities and being eternally suspended at age 29 or 39.

Ageism is present in our personal beliefs and attitudes to the degree that we buy into these biases. They shape our perceptions of older people that:

they don't have the same capacities; they aren't able to be productive; they don't want to work; most, if not all, are sick, frail and infirm; they are unattractive, ornery, inflexible and dull. Ultimately, they aren't worth our professional time and effort. The facts when examined, however, belie these misconceptions and overgeneralizations.

Discrimination in Rehabilitation

Vocational rehabilitation literature on the subject, though not extensive, suggests that age bias is well intrenched in vocational rehabilitation programs and among vocational rehabilitation practitioners. While the National Rehabilitation Association has an explicit policy on aging -- promoting programs for older persons with disabilities -- few public rehabilitation programs or private rehabilitation organizations have similar policies.

Persons 45 years of age and over appear to be badly under-represented on vocational rehabilitation caseloads, a possible manifestation of age discrimination. National statistics show caseload representation is in fact decreasing. This trend is incongruous with the expanding older population.

Most vocational rehabilitation programs have no positive initiatives for serving older people. A notable exception is "Aging in America, Inc.," a Projects With Industry program in New York specifically designed for serving older persons with disabilities. Interestingly, one of their discoveries is that it is easier to divest private employers than vocational rehabilitation counselors of their age prejudices.

Age bias seems to be particularly strong among many of the "baby boomers," some of whom soon will enter middle age. Various explanations have been suggested. Their negative views of older people may be reinforced by memories of their grandparents and great grandparents who lived during a period characterized by health destroying work environments, shorter life expectancies, less sophisticated health care and knowledge, and poorer nutritional habits. It was a time when social and economic pressures moved older people out of the labor force to make room for younger workers. Retirement was associated with poverty, poor health, and substandard living conditions. A large proportion of rehabilitation professionals are "baby boomers" or middle-agers who may have been similarly influenced.

From the Mouth of Babes?

Here are a few paraphrased comments from rehabilitation professionals that I heard during the last year. A counselor spoke disparagingly of a client as "wrinkle city," a statement of mild disgust expressive of the value that only a youthful physical appearance has worth. Older people are often rejected because of normal aging and its cosmetic effects on their bodies.

Another: "This guy's over the hill, how'm I supposed to find him a job?" -- disdain, exemplifying the value that this older client's desire to work has little real importance, and that he has little legitimacy to be in the job market. What values should the counselor embrace? Those of his client? Of his profession? Of a discriminatory job marketplace?

"The problem with placing older clients in jobs is that it is so expensive, not in terms of direct service costs, but in terms of my time." -- an expressed bias against older clients based on cost benefit values and ready acceptance of employer resistance. Older worker programs with positive attitudes and with good marketing strategies have developed efficient methods for placing their clients.

Finally, a rehabilitation supervisor was implored, and agreed, to "go easy" on an inadequately performing employee "considering her age" -- a patronizing position which displays the belief that older workers should not be expected to perform at accepted work standards. Obviously, this was not a professional response to the problem. It was, in fact, an insult to the professionalism of a peer.

Change is Inevitable

The vocational rehabilitation community must openly address bias against older persons with disabilities. Avoidance or belittlement of the age issue is not a tenable position for vocational rehabilitation administrators and practitioners. Major trends occurring in our social and economic environments will certainly move rehabilitation to come to grips with serving older persons with disabilities -- possibly in larger numbers and hopefully with an enlightened understanding of their particular problems.

U.S. Census data shows that the older population grew twice as fast as the rest of the population in the last two decades. Already in the U.S., there are more people over the age of 65 than there are teenagers. By the turn of the century, the age make up of the country as a whole will be comparable to Florida's today. In just five years, the baby-boom generation will begin to enter middle age, now defined as forty-five to sixty-four years of age.

Evidence is mounting, states the Naisbitt research group and other trend analysts, that this country will experience profound labor shortages already begun in 1985 and continuing at least through the end of the century. At present, there is a mismatch

between the locations of jobs and workers. Beginning in the near future, however, there will simply be more jobs than workers. This will extend across all skill levels. Experienced and mature workers will be in demand. Some corporations are beginning to acknowledge the high costs of replacing experienced older employees.

The "Graying of America," besides indicating an age population shift, also means more political action, more laws, and more human services aimed at meeting the needs and satisfying the desires of older Americans -- persons with disabilities included. Older citizens are much more active voters on a percentage basis and in absolute numbers than are younger citizens of voting age. This political strength will increase as the ranks of older Americans increase.

Economic circumstances and personal aspirations of many older people (far more healthy and active than ever before) are stimulating them to seek more aggressively the means to expand their incomes and to continue to lead productive and satisfying lives. The U.S. Senate Special Committee on Aging reports that three-quarters of the labor force would prefer to continue some kind of part-time work after retirement.

During the last decade, networks of employment and training programs and services for older workers began to emerge in force. Today these encompass JTPA Title II programs, Senior Employment Services, Area Agencies on Aging, Older Americans Act-Title V programs, some community colleges and universities, proprietary schools and Projects With Industry. For rehabilitation, these are potential resources for outreach, referral and serving older persons with disabilities.

From a more individualized perspective, professional dedication and ethics will not long allow practitioners to ignore the needs of older persons with disabilities which vocational rehabilitation can appropriately address. The National Rehabilitation Counseling Association's Code of Ethics, states: "A rehabilitation counselor has a commitment to the effective functioning of all human beings ... emphasis is on facilitating the functioning or refunctioning of those persons who are at a disadvantage in the struggle to achieve viable goals ... (the counselor) recognizes that both action and inaction can be facilitating or debilitating ... accepts the responsibility for his action and inaction."

Finally, the profession itself will "gray" as the population "grays." Self-awareness and even self-interest will help motivate change.

Time for Action

What can be done **now** to get vocational rehabilitation in tune with the times? First, administrators and practitioners must become knowledgeable about the changing facts, and the implications of the aging process and aging demographics. The growing body of information on all aspects of aging provides a strong refining agent for dispelling many of the currently held myths.

Second, professionals must grow in self-awareness and come to grips with their own possible misperceptions, negative attitudes and fears of aging. Awareness training for age bias is available in many communities through Area Agencies on Aging, universities and community colleges.

Third, practitioners must become aware of what their own profession is or is not doing for older persons with disabilities. Those who believe that more has to be done, must come forward and advocate for positive policy changes within their own programs and organizations.

Fourth, practitioners must become skilled in the counseling techniques and practices which are most effective for serving older clients. Special courses and presenters are available from various colleges, universities and special interest groups.

Fifth, new marketing strategies and placement skills must be acquired to deal with age barriers in the job market if older clients are to be efficiently placed and suitably employed. Successful older worker programs have shown that once employer resistance has been overcome and the older worker has had a chance to perform, employer interest and satisfaction remain high.

Sixth, effective networks must be built among rehabilitation programs, older worker programs and resources, and gerontological programs, if knowledge, referrals and services are to expand to fit the growing needs.

Finally, traditional program images and practices will have to be changed if older persons are to be served with dignity. Many older people, after years of independence, trust their own experience and have pride in their achievements. They approach government and public programs reluctantly, with suspicion and even a sense of shame. For many, public services are at their worst sources of stigma and public degradation, and at their best ineffective nuisances.

Changes in society, in the economy, and in human service delivery are inevitable because of the active and expanding older population. Vocational rehabilitation **will** be affected. The challenge is to diligently prepare for and manage these changes

guided by the highest ideals in the vocational rehabilitation tradition. So that, ultimately, even if large numbers of older applicants were not to appear, those who were served would be served effectively with dignity and understanding, and without resistance or fear from rehabilitation professionals.

□

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McLean, Va.

SECOND SWITZER SEMINAR

New York, New York -- January 17-19, 1977

"Rehabilitation of the Older Blind Person: A Shared Responsibility"

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THIRD SWITZER SEMINAR

Denver, Colorado - December, 1978

"The Role of Vocational Rehabilitation in the 1980's Serving Those With Invisible Handicaps Such As Cancer, Cardiac Illness, Epilepsy"

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FOURTH SWITZER SEMINAR

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"The Rehabilitation of the Mentally Ill in the 1980's"

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Despite the demands on the national and federal scene, her presence was almost ubiquitous in behalf of program development and extended services to needy people. On a regional, state or local level, be it public or voluntary services, if it were in the interest of rehabilitating those in need, somehow, she would "arrange to be there."

The WHO'S WHOs has chronicled her many national and international awards. Also recorded are her presidencies of many organizations including NRA, whose members and their efforts she held in high esteem. But she did not reach the heights of her ability when she was made the first Administrator of the Social Rehabilitation Services, not when she retired from the position, nor when she became internationally involved in the World Rehabilitation Fund. Instead, she found her greatness when she touched each of us bringing our full humanitarian efforts and qualities to the fore in behalf of disabled and disadvantaged people. While readily recognized as a truly great administrator in the classical sense of the word, her true capacity and ability can only be appreciated when we realize that these accomplishments sprang from an inner expression of sensitivity, emotional refinement and dedication to serve all less fortunate people. Her egalitarian qualities were not contrived but spontaneous, stemming from love and respect for all living things.

All of us in NRA and in rehabilitation and all handicapped people have had better, more meaningful, and more productive lives because her presence and her being were sufficiently large to embrace and accept us as we are and help us better understand where we should be.

What more can be said than that we had the joy and privilege of knowing her?

This memorial tribute is quoted from E.B. Whitten,
Journal of Rehabilitation, November/December, 1971

Mary E. Switzer Memorial

To perpetuate the memory of a great woman and a great leader in the field of Rehabilitation by establishing a memorial that will expand and enrich services to individuals with disabilities.